

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: M234
L. S. Elevation: _____
E-log #: _____

County: Dezard
Permit #: 0-730
Driller: J. Pierce
Date drilling completed: 4-7-17

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Terrell Barton</u>	Latitude: <u>30° 43' 48"</u> Longitude: <u>88° 30' 47"</u>
Mailing Address: <u>Donna Rodger Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Camden MS 39152</u>	USGS quad, <u>5S</u> <u>1/4 NW</u> <u>1/4 Sec 5</u> Twn <u>35</u> Rng <u>5W</u>
City State Zip Code	<u>NW SW</u>
Telephone No. <u>(601) 947-2261</u>	Distance <u>1</u> Miles Direction <u>NE</u> of Nearest Town <u>Agula, MS</u>

Well / Borehole Data

Date drilling started: 4-7-17 Date drilling completed: 4-7-17 Hole depth: 110 Hole diameter: 4in

Location of the source of any surface water used for drilling: Agula, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000gal 5gal bleach

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 4-7-17

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: M23A
 Elevation: _____

County: DeSoto
 Permit #: 0-780
 Driller: J. Pearl
 Date completed: 4-7-17
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Tavel Barton</u>	Latitude: <u>30-48-48</u> Longitude: <u>88-30-47</u>
Mailing Address: <u>Donnie Rodeys Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 5 T 35 R 5W</u>
Telephone No. <u>(601) 947 2211</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>NE</u> of <u>Agula, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-7-17</u>	Setting Depth: <u>80 drop pipe</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-7-17</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Pearl 0-780 Joel P. RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

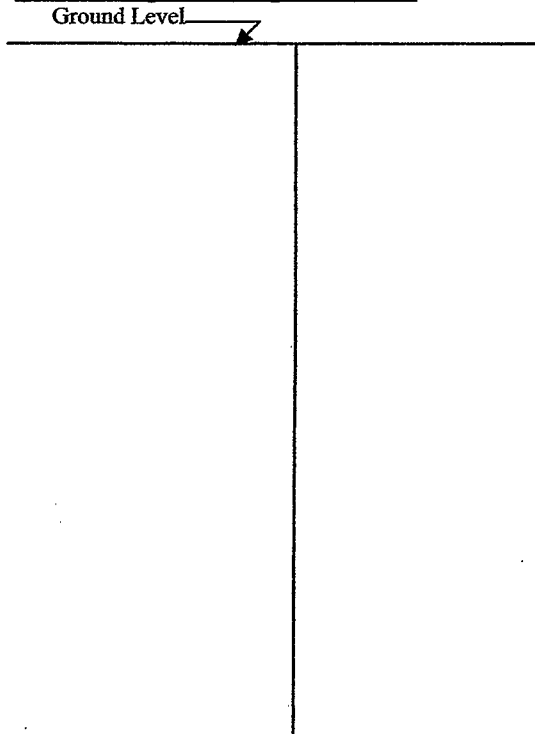
Form: OLWR-SWR-1B (04/08)

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The sketch below only required for water wells

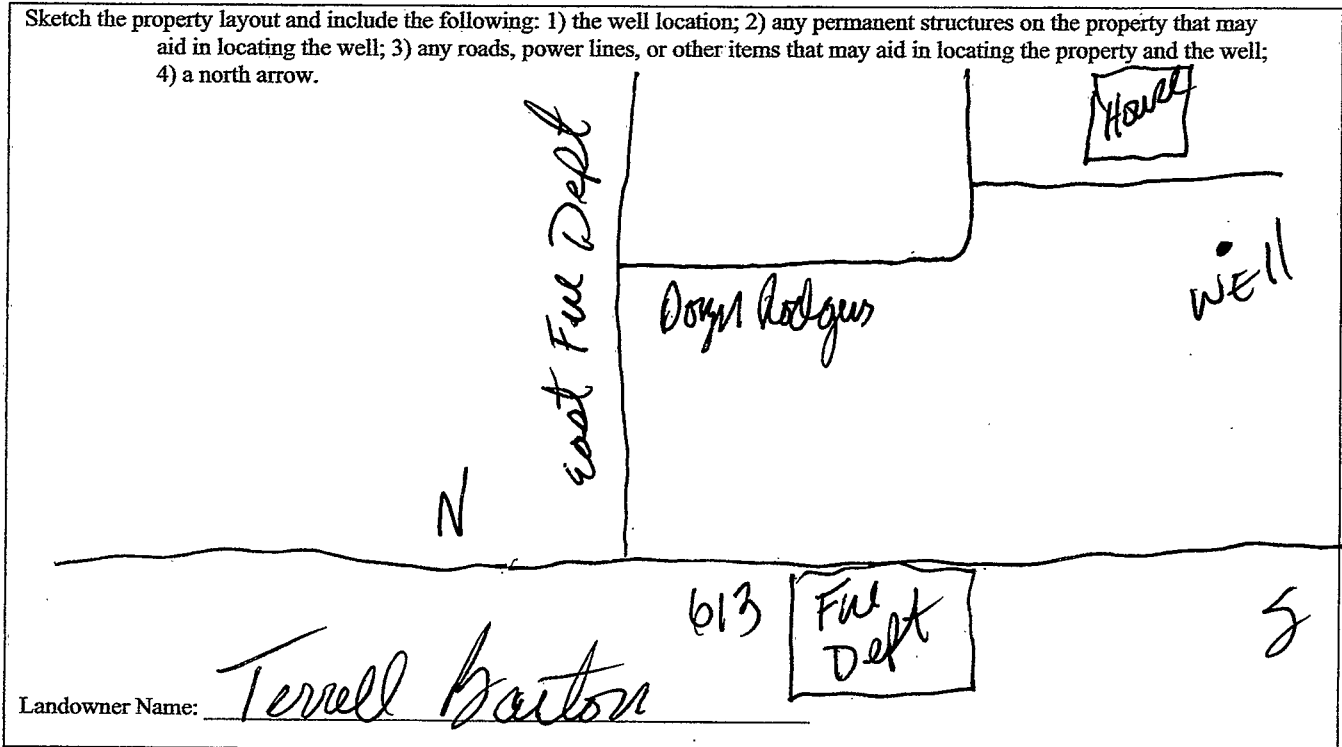
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	42
clay	42	80
sand	80	110

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Pene 0-780

4-7-17

Joel P.

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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