

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M241
Aquifer:
E-Log #:

County: DeSoto
Permit #: 0-780
Driller: J-Paul
Date drilling completed: 8-15-18

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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: David Mann
Mailing Address: 104 Rena Drive
Lumbah MS 39562
City State Zip Code
Telephone No. (601) 508-7805
Well or Borehole Location
Latitude: 30-48-9 Longitude: 88-31-4
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4, Sec. 82 T 35 R 5W
1/2 Miles South of Aquala, MS
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 8-15-18 Date drilling completed: 8-15-18 Hole depth: 140 Hole diameter: 2 in
Location of the source of any surface water used for drilling: Aquala, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water seal 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 3 feet [above or below] land surface Date measured: 8-15-18
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe)
Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 130 feet Casing diameter: 2 inches Type of casing: Plastic
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic
Screen slot size: 10 inches Setting depth: From 0 feet to 140 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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

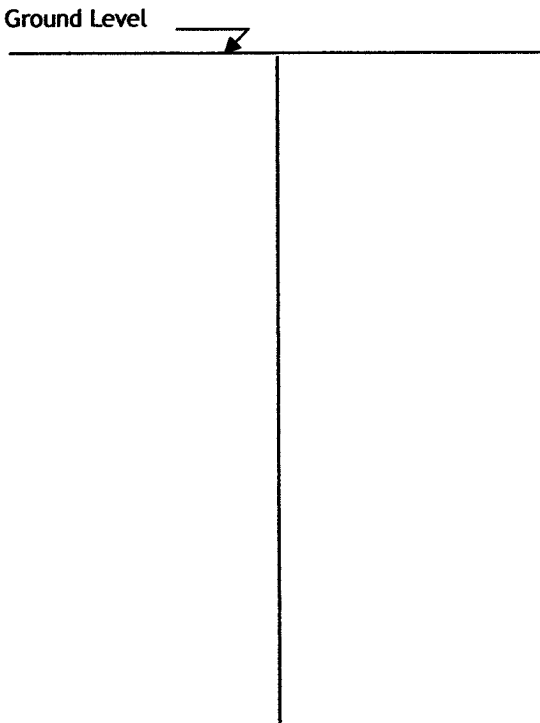
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County: DeSoto
 Permit #: 0-780

For Office Use Only:
 Well #: M 241

The sketch below only required for water wells

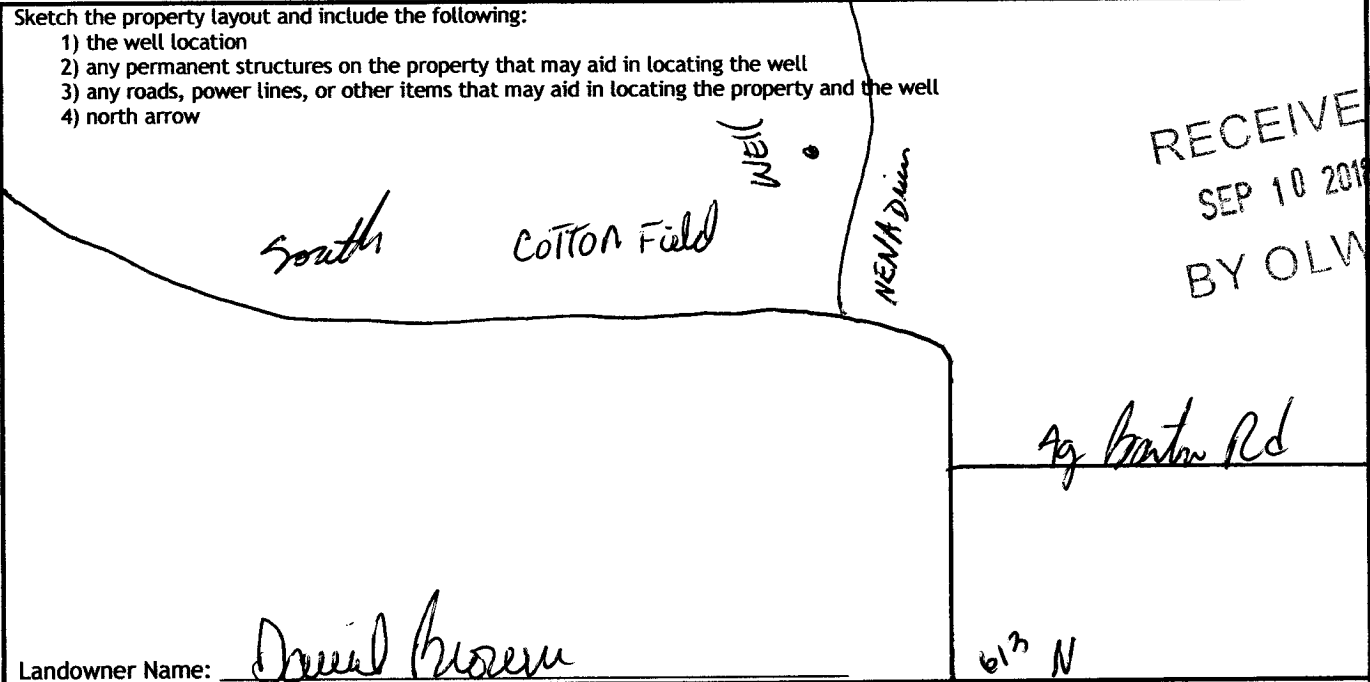
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Red sand	0	40
Pink Clay	40	70
sand	70	140

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



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Landowner Name: David Brown

I HEREBY 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 Pierce 0-780 8-15-18 Joel Pierce
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M 241
 Aquifer: _____

County: DeSoto
 Permit #: 0-780
 Driller: J. Pious
 Date completed: 8-15-18
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>David Brown</u>	Latitude: <u>30 48-9</u> Longitude: <u>88-31 4</u>
Mailing Address: <u>104 Main Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lumbah</u> <u>MS</u> <u>39452</u>	USGS quad <u>DE SW 1/4 SE NE 1/4 sec 82 T 35 R 5W</u>
City State Zip Code	<u>118</u> Miles <u>South</u> of <u>Agona, MS</u>
Telephone No. <u>(601) 508 2805</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8-15-18 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 40 Depth feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 8-15-18 Duration of Pump Test (minimum 4 hours): 48 hours

Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Joel Pious 0-780 8-15-18 Joel Pious

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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