

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 #: Ø 43
 L. S. Elevation: _____
 E-log #: _____

County: Green
 Permit #: _____
 Driller: David Cain
 Date drilling completed: 2/9/2018

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.

#1 Well

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Malcolm Mcendon</u>	Latitude: <u>31° 07' 29"</u> Longitude: <u>88° 42' 54"</u>
Mailing Address: <u>1937 Neely Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>McClain</u> <u>MS</u> <u>39456</u>	USGS quad: <u>N 1/4</u> <u>W 1/4</u> Sec <u>20</u> Twn <u>2N</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 525-7767</u>	<u>7</u> Miles <u>North</u> of <u>McClain MS</u>

Well / Borehole Data

Date drilling started: 2/7/18 Date drilling completed: 2/9/2018 Hole depth: 145 Hole diameter: 4"

Location of the source of any surface water used for drilling: Neely Camp Water Well

Method of dosing and volume of Chlorine used in drilling and development: _____

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: Chicken Farm

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 2/8/2018

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

Well depth: 145 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 125 feet to 145 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*

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Southern Ms Water Well Drilling 0-831

Form: OLWR-SWR-1A (04/08)
Randell Cain
3/4/2018

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)

County: Green
 Permit #: _____
 Driller: David Cain
 Date completed: 2/9/2018
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø43
 Elevation: _____

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>Malcolm McChendon</u>	Latitude: <u>31° 07' 29"</u> Longitude: <u>88° 42' 54"</u>
Mailing Address: <u>1932 Neely Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>McClain Ms 39456</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 525-7767</u>	<u>NE 1/4 NW 1/4 Sec 20 T2N R 7W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>North</u> of <u>McClain MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>2/8/18</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/8/18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>60</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Southern Ms Water Well Drilling _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

#1 Well

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Form: OLWR-SWR-1C (07-09)
 3/4/2018

