

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 #: 024
 L. S. Elevation: _____
 E-log #: _____

County: Green
 Permit #: _____
 Driller: Dave Cain
 Date drilling completed: 2/15/2018

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.

#2 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, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>McClain</u> <u>MS</u> <u>39456</u> | USGS quad, <u>NE NW</u> <u>W 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: 2/12/18 Date drilling completed: 2/15/18 Hole depth: 145 Hole diameter: 4"

Location of the source of any surface water used for drilling: Neely Cannon 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: 2/14/2018

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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POLWR

Southern Ms Water Well Drilling 0-831

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

#2 well

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: 2/15/2018
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: φ44
 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 McLenon</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> | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 20 T2N R 7W</u> |
| Telephone No. <u>(601) 525-7767</u> | Distance Direction Nearest Town |
| | <u>7 Miles North of McClain MS</u> |

| Pump Type | Power Type |
|--|---|
| Circle one | Circle one |
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 hp</u> |
| Date Pump Installed: <u>2/14/2018</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>50</u> Gallons Per Minute | Number of Stages: <u>20</u> |

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| Pump Test Data | Method of Measuring Water Level |
|---|---|
| Date Well Tested: <u>2/14/2018</u> | Circle one |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Air Line Electric Measuring Line Steel Tape |
| Pumping Water Level (B): <u>110</u> Feet Below Land Surface | Other (specify): <u>string</u> |
| Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: <u>90</u> Gallons Per Minute | Well yielded <u>90</u> GPM with a drawdown of |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <u>60</u> feet after <u>4</u> hours of pumping |

MAR 08 2018

BY OLWR

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

0-831

3/4/2018

