

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2300
Jackson, MS 39225
(601)861-5210
(601)961-5228 (fax)

County: Greene
Parcel #: none
Driller: Ronald C. [Signature]
Date drilling completed: 11-20-18

For Office Use Only: 112
Aquifer: R 57
Well #: _____
L. S. Elevation: _____
E-log #: _____

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)
Owner Name: Ethel Garrett
Mailing Address: P.O. Box 23 McClains
Ms 39456
McClain Ms 39456
City State Zip Code
Telephone No. (601) 568-2348

Well or Borehole Location
Latitude: 31° 0' 53" Longitude: 88° 48' 10"
Method of Lat/Long (circle one): Hand-held GPS Survey-grade GPS
USGS quad: 5° 1/2' W 1/4 Sec 29 28 Twp 1-N Rng 8-W
Distance Direction Nearest Town
5 Miles South of McClains

Well / Borehole Data

Date drilling started: 11-19-18 Date drilling completed: 11-20-18 Hole depth: 125' Hole diameter: _____
Location of the source of any surface water used for drilling: McClains Community water
Method of closing 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 logs: _____
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: CATTLE
If a flowing well, method of flow regulation: Valve _____ Other (describe) None
Static Water Level: 20" feet above below (circle one) land surface Date measured: 11-20-18
Method of Measurement (circle one) steel tape electric tape air line other: string
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Densate Mix
Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: #10 inches Setting depth: From 115 feet to 125 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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Ronald C. [Signature]
11-20-2018
0-3831

Southern As Water Well Drilling

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)961-5219
(601)961-5228 (fax)

Owner: Spears
 Permit #: 1902E
 Installer: Dana L. Carr
 Date completed: 11-20-18
 (Circle Indication from Part 1 on Part 1)

For Office Use Only:

Aquifer: _____
 Well #: R 57
 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>Chel Carr H</u>	Latitude: <u>31° 0' 55" N</u> Longitude: <u>88° 48' 10" W</u> X
Mailing Address: <u>P.O. Box 23 McComb</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>McComb</u> <u>MS</u> <u>39456</u>	<u>SW</u> <u>SW</u> <u>28</u> <u>1-N R 8 W</u> 1/4 Sec 28 T-1-N R 8 W
Telephone No: <u>601 508 2348</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>South</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" 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 checked="" type="checkbox"/> <u>Electric Motor</u>	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>1 hp</u>
Date Pump Installed: <u>11-20-18</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>7 Stages</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>string</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>8</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>8</u> feet after <u>4 hrs</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

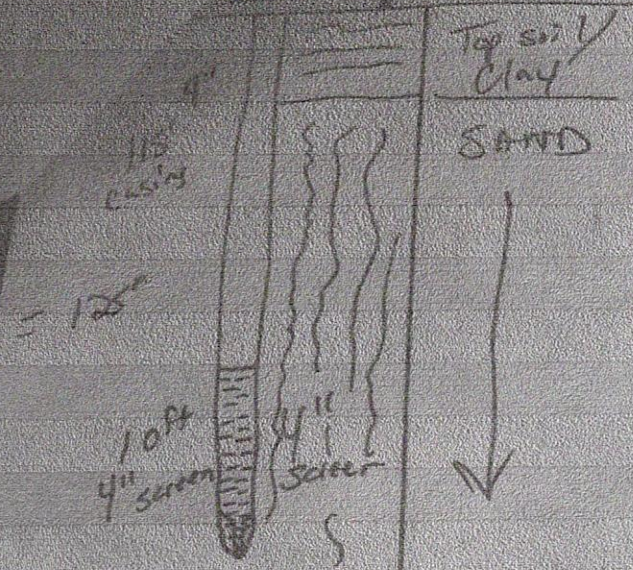
Solo MS Water Well Drilling - 3831
 Dist. Name of Pump Installer and License No. (if applicable)

Randall Carr
 Signature of Pump Installer

Form: OLEWR-5169-1B (04/03)

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Draw the well location and casing on sketch

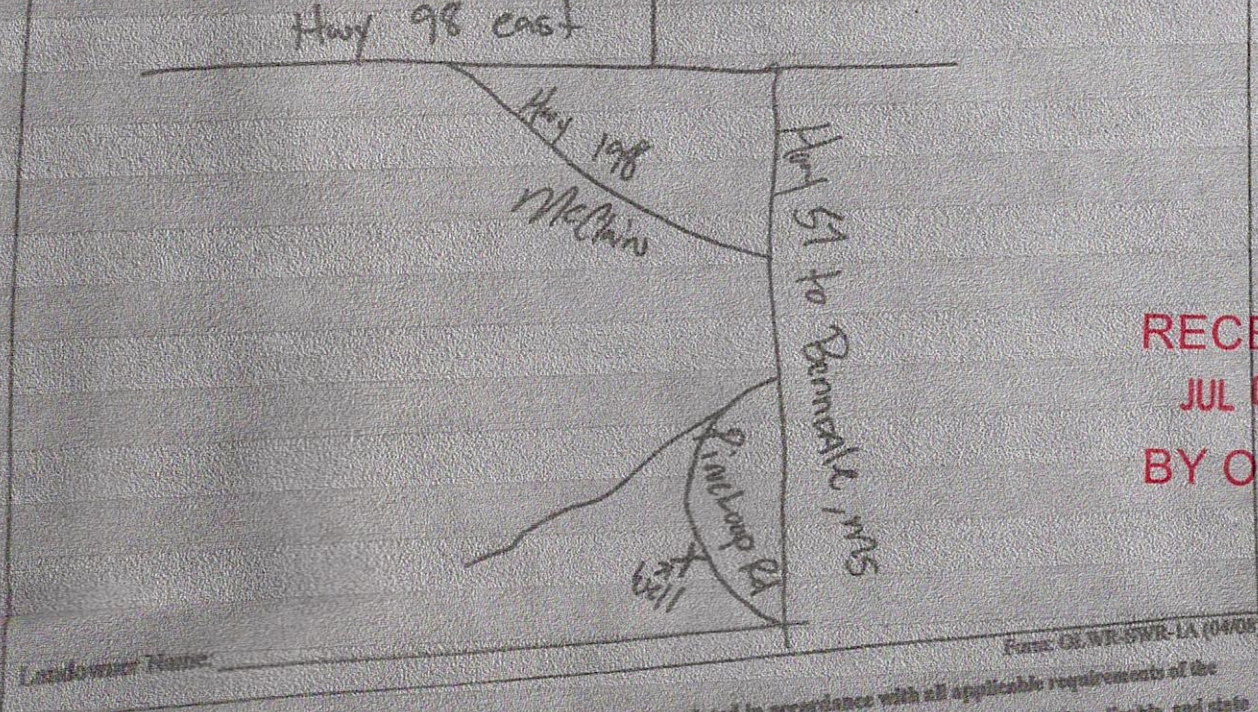


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top soil/clay	0	20
sand	20	125

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow



Landowner Name: _____

Form: GE-WR-5WR-LA (04/08)

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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.

11-21-18

0-3831 Randall
Signature of Licensee Car