

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: D81
Aquifer: _____
E-Log #: _____

County: Hinds
Permit #: _____
Driller: Will Barlow
Date drilling completed: 8-4-18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Aaron L. Caggins</u>	Latitude: <u>32°20'43.1" N</u> Longitude: <u>90°39'25.5" W</u>
Mailing Address: <u>105 Maudedth Ln</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> X, Survey-grade GPS _____
<u>Clinton</u> <u>MS</u> _____ City State Zip Code	<u>SE 1/4 SE 1/4, Sec 24 T 16 N R 5 E</u> <u>3</u> Miles <u>W</u> of <u>Edwards</u> . (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>7-10-18</u> Date drilling completed: <u>8-4-18</u> Hole depth: <u>200'</u> Hole diameter: <u>6"</u>
Location of the source of any surface water used for drilling: <u>Public Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>Office of Geology</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>5</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8-4-18</u> (check one)
Method of measurement (check one): <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>173</u> Well grouted to a depth of: <u>60</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>155'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>100µ</u> inches Setting depth: From <u>155'</u> feet to <u>165'</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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

For Office Use Only:

Well #: DE1
Aquifer: _____

County: Hinds
Permit #: _____
Driller: Will Berlow
Date completed: 8-4-18
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>Aaron Loggans</u>	Latitude: <u>32 20 43.1 N</u>		Longitude: <u>90 39 25.5 W</u>	
Mailing Address: <u>105 Maudedth Ln</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____			
<u>Clinton</u> , <u>MS</u>	<u>SE 1/4 SE 1/4, Sec 24 T 16 N R 5 E</u>			
City State Zip Code	<u>3</u> Miles <u>W</u> of <u>Edwards</u>			
Telephone No. () _____	(Distance) (Direction) (Nearest Town)			

Pump Type (check one)		
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	Date Pump Installed: <u>8-4-18</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>100</u> feet Number of Stages: <u>8</u>	

Pump Test Data for Non Flowing Well		
Date Well Tested: <u>8-4-18</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	
Static Water Level (A): <u>5</u> Feet Below Land Surface	Pumping Water Level (B): <u>80</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>75</u> Feet Below Land Surface	Test Pumping Rate: <u>10</u> Gallons Per Minute	
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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	

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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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> 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.		
<u>Arnold Fincher Jr</u> <u>0-560</u> <u>8-20-18</u>	<u>[Signature]</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer