

1217

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 #: E 62
Aquifer: _____
E-Log #: _____

County: Hinds

Permit #: _____

Driller: John W Thompson

Date drilling completed: 7-9-18

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>Pistol Ridge Partners</u>			Latitude: <u>32°20'39.3"</u> Longitude: <u>90°27'57.1"</u>	
Mailing Address: <u>2300 Hwy 11 N</u> <u>Laurel MS 39440</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City	State	Zip Code	SW ¼ SW ¼, Sec <u>24</u> T <u>6N</u> R <u>32W</u>	
Telephone No. ()			<u>.5</u> Miles <u>SW</u> of <u>Bolton</u>	
			(Distance)	(Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-7-18 Date drilling completed: 7-9-18 Hole depth: 570 Hole diameter: 8

Location of the source of any surface water used for drilling: hydrant

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

Logs run (check all applicable): 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) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): rig supply

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

Static Water Level: 10 feet above or below land surface (check one) Date measured: 7-9-18

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

Well depth: 140 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 60 feet to 140 feet

Type of completion (check 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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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)

County: Hinds
 Permit #: _____
 Driller: John W Thompson
 Date completed: 7-9-18
Copy information from block on Part 1

For Office Use Only:
 Well #: E62
 Aquifer: _____

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>Pistol Ridge Partners</u>			Latitude: <u>32° 20' 39.3"</u> Longitude: <u>90° 27' 57.1"</u>		
Mailing Address: <u>2300 Hwy 11 N</u> <u>Laurel MS 39440</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>SW 1/4 SW 1/4, Sec 24 T 6 N R 3 W</u>		
Telephone No. () _____			<u>0.5</u> Miles <u>SW</u> of <u>Bolton</u> (Distance) (Direction) (Nearest Town)		

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-9-18 Rated Pump Capacity: 19 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 2 Setting Depth: 100 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: 7-9-18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 70 Feet Below Land Surface
 Drawdown [(B) - (A)]: 60 Feet Below Land Surface Test Pumping Rate: 25 Gallons Per Minute
 Method of measurement (check 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 (check 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.
 Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____

U.S. AIR FORCE

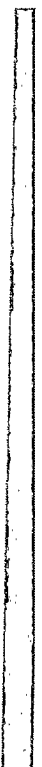
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