

County: Hinds
 Permit #: _____

For Office Use Only:
 Well #: Q110

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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

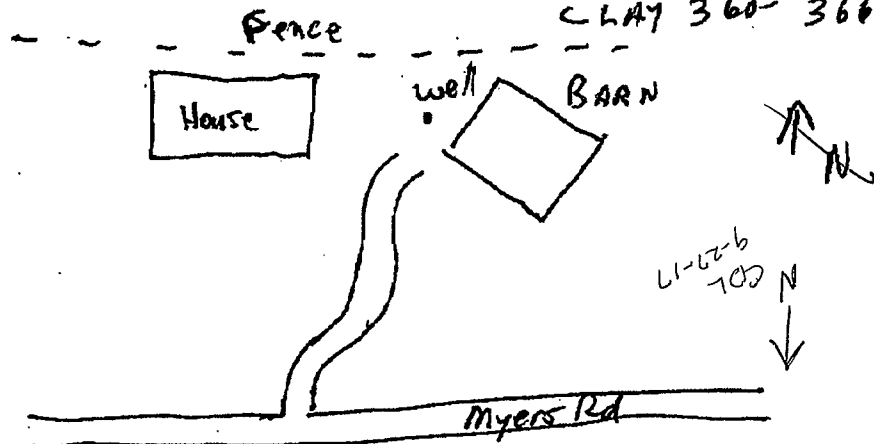
Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	47
SANDY CLAY	47	98
HARD CLAY	98	192
CLAY + SAND	192	220
HARD CLAY	220	260
ROCK	260	261
CLAY	261	265
ROCK	265	266
CLAY	266	272
ROCK	272	275
CLAY	275	276
ROCK	276	277
CLAY	277	279
ROCK	279	281
CLAY	281	284
ROCK	284	286
CLAY	286	291
ROCK	291	293
CLAY	293	297
ROCK	297	298
CLAY	298	305
ROCK	305	307
CLAY	307	338
SANDY	338	348
SAND	348	360
CLAY	360	366

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) north arrow



Landowner Name: David Powell

I HEREBY 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.

David A. West 0622 7-13-17 David A. West
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: Q110
 Aquifer: _____

County: Hinds
 Permit #: _____
 Driller: David West
 Date completed: 7-8-17
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			32-10-37 Well Location	90-24-42
Owner Name:	<u>Dr. David Powell</u>		Latitude:	<u>32 17 00 N</u>
Mailing Address:	<u>3525 Myers Rd</u>		Longitude:	<u>90.4117 W</u>
			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Terry</u>	<u>MS</u>	<u>39170</u>	<u>SE 1/4 NW 1/4, Sec 21 TAN R2W</u>	
City	State	Zip Code		
Telephone No.	<u>769 233-4213</u>			
	Miles	of		
	(Distance)	(Direction)	(Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: _____ Rated Pump Capacity: 10 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1 1/2 Setting Depth: 240 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle 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 (circle 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.
David A. West 0-672 7-13-17 David A. West
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer