

STATE WELL REPORT

300

County: Hinds
 Permt #: _____
 Driller: Larry Easley
 Date drilling completed: 4-29-19

**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 #: T 36
 Aquifer: _____
 E-Log #: _____

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 11/19/2019

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>Boone Family Prop.</u>	Latitude: <u>32° 03' 39.3"</u> Longitude: <u>90-28-11.5</u>
Mailing Address: <u>23700 Hwy 27</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____
<u>Utica</u> <u>MS</u> City State Zip Code	<u>NE 1/4 NE 1/4, Sec 35 T 3 N R 3W</u>
Telephone No. (____) _____	<u>8</u> Miles <u>E</u> of <u>Utica</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-25 Date drilling completed: 4-29 Hole depth: 280' Hole diameter: 7 7/8"

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

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): DEQ

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 160 feet above or below land surface Date measured: 5-10-19
 (check one)

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

Well depth: 232 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 222 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: 006 inches Setting depth: From 222 feet to 232 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

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: Larry Easley
 Date completed: 5-10-19
Copy information from block on Part 1

For Office Use Only:
 Well #: T36
 Aquifer: _____

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 BY OLWR

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>Boone Family Prop.</u>			Latitude: _____ Longitude: _____		
Mailing Address: _____			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____	State _____	Zip Code _____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____		
Telephone No. (____) _____			_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-10-19 Rated Pump Capacity: 10 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: 1 Setting Depth: 160 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
 Date Well Tested: 5-10-19 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 160 Feet Below Land Surface Pumping Water Level (B): 165 Feet Below Land Surface
 Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 10 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.
Larry Easley 510 5-19-19 Larry Easley
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer