

STATE WELL REPORT

486

County: Itawamba
 Permit #: NA
 Driller: Robert Gentry
 Date drilling completed: 8/29/18

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 #: J31
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Rusty Crane</u>	Latitude: <u>N 34°19' 52.05"</u> Longitude: <u>W 088° 10' 35.28"</u>
Mailing Address: _____ <u>305 St. Line Rd NE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Golden</u> <u>MS</u> <u>38847</u>	<u>SE 1/4 NE 1/4, Sec 6 T 9S R 1E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>205</u>) <u>864-7471</u>	

Well / Borehole Data

Date drilling started: 8/27/18 Date drilling completed: 8/29/18 Hole depth: 141 Hole diameter: 4"
 Location of the source of any surface water used for drilling: NA
 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: NA
 Name of organization running log(s): na
 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 NA Other (describe) _____
 Static Water Level: _____ feet above or below land surface Date measured: _____
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Drill rod
 Well depth: 141 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 142 feet Casing diameter: 6-5/8" inches Type of casing: Steel
 Screen length: 5 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 0.020 inches Setting depth: From 136 feet to 141 feet
 Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: NA feet

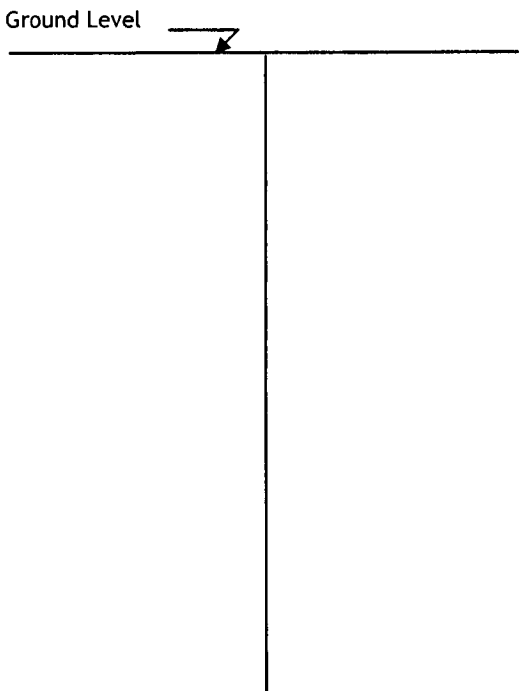
If telescoped or more than one screen, describe on next page

County: Itawamba
 Permit #: _____

For Office Use Only:
 Well #: 531

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Red Clay/Sand	0	40
Gravel	40	60
Red Clay	60	75
Gravel	75	95
Grav Clay	95	110
Heaving Sand	110	141

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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: Rusty Crane

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.

Robert Gentry UNR-00008854 11/12/18 [Signature]
 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)

County: Itawamba
Permit #: NA
Driller: Robert Gentry
Date completed: 9/06/18
Copy information from block on Part 1

For Office Use Only:
Well #: J3i
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>Rusty Crane</u>			Latitude: <u>N 34°19' 52.05"</u> Longitude: <u>W 088° 10' 35.28"</u>	
Mailing Address: _____ <u>305 St. Line Rd NE</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Golden</u>	<u>MS</u>	<u>38847</u>	<u>SE 1/4 NE 1/4, Sec 6 T 9S R 1E</u>	
City	State	Zip Code	_____ Miles of _____ (Nearest Town)	
Telephone No. (____) _____			(Distance) (Direction)	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 9/5/18 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: 3/4 Setting Depth: 120 feet Number of Stages: 1

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Pump Test Data for Non Flowing Well
Date Well Tested: 8/29/18 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: 10 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): Tested by blowing w/ rig

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: NA 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.

Robert Gentry UNIL-00008854 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer