

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

For Office Use Only:

Well #: D 43
Aquifer: _____
E-Log #: _____

County: Clarke Jasper
Permit #: _____
Driller: West Water Well
Date drilling completed: 7-8-16

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>Chris Rawson</u>	Latitude: <u>32°10'39"</u> Longitude: <u>88°55'14"</u>
Mailing Address: <u>341 CR 374</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Enterprise</u> State: <u>MS</u> Zip Code: <u>39350</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>NW</u> 1/4 <u>NE</u> 1/4, Sec <u>24</u> T <u>4N</u> R <u>13E</u>
	____ Miles of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-5-16 Date drilling completed: 7-8-16 Hole depth: 500 Hole diameter: 6 1/2 x 3/8

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

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation
Seismic Survey Other (describe) _____

Jasper - K

If drilling is not related to water well construction, skip the remain

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation

Other (describe): _____

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

Static Water Level: 68 feet [above or below land surface] Date measured: 7-8-16
(circle one)

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

Well depth: 500 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

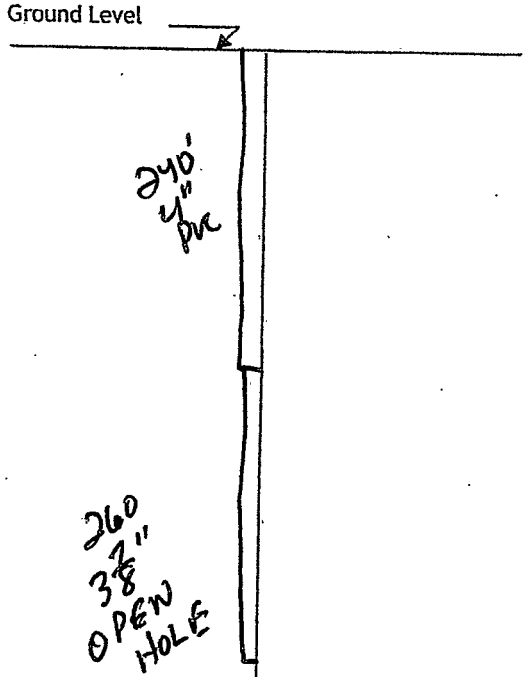
Top of lap pipe or reduction in casing: _____ feet

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

County: Clarke Jasper
Permit #: _____

For Office Use Only:
Well #: DA3

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

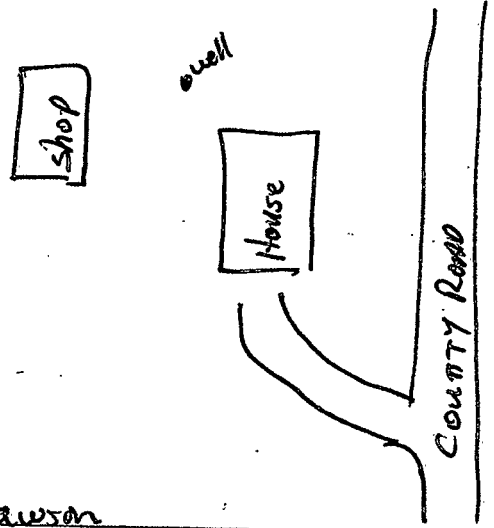


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SANDY CLAY	Ground level	16
SAND	16	31
CLAY	31	68
SAND	68	123
CLAY	123	237
Rechy w/SAND strcks	237	500

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: Chris Rawson

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 0-672 3-28-17 David A. West
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Jasper

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 #: D43

Aquifer: _____

County: Clarke

Permit #: _____

Driller: West Water Well

Date completed: 7-8-16

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 I 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>Chris Rawson</u>			Latitude: <u>32° 10' 39"</u> Longitude: <u>88° 55' 14"</u>		
Mailing Address: <u>341 CR 374</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Enterprise</u> City	<u>MS</u> State	<u>39330</u> Zip Code	<u>NW ¼ NE ¼, Sec 24 T 4N R 13E</u>		
Telephone No. <u>(601) 917-1634</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 Setting Depth: 180 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 0672
Print Name of Pump Installer and License No. (if applicable)

3-28-17
Date

David A. West
Signature of Pump Installer