

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)

County: Jasper
 Permit #: _____
 Driller: West Water Well
 Date drilling completed: 11-17-16

For Office Use Only:
 Well #: N69
 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>John Pippin</u>	Latitude: <u>31° 57' 34"</u> Longitude: <u>89° 14' 58"</u>
Mailing Address: <u>171 CR 5282</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs</u> <u>MS</u> <u>39442</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <input checked="" type="checkbox"/> <u>NW</u> <input checked="" type="checkbox"/> Sec <u>2</u> <input checked="" type="checkbox"/> <u>T 1N</u> <input checked="" type="checkbox"/> <u>R 13W</u>
Telephone No. <u>(601) 670-0855</u>	<u>1</u> Miles <u>SE</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-17-16 Date drilling completed: 11-17-16 Hole depth: 120 Hole diameter: 6.5

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 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Poultry Farm

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

Static Water Level: 46 feet [above or below land surface] Date measured: 11-17-16
 (circle one)

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

Well depth: 110 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 90 feet to 110 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

RECEIVED
 DEC 15 2016
 BY OLWR

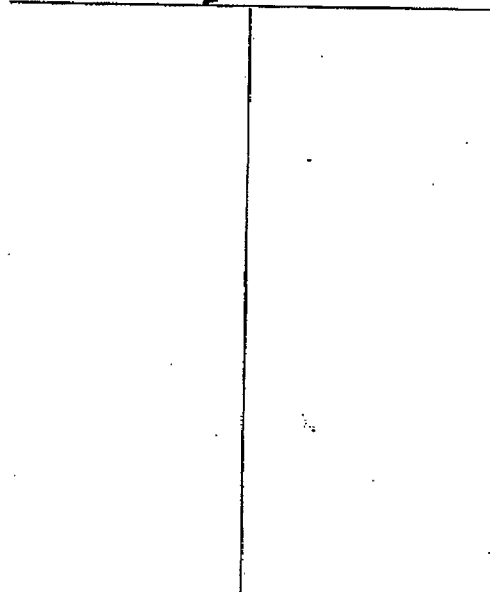
Form: OLWR-SWR-1A (4/13)
 RECEIVED
 DEC 15 2016
 BY OLWR

County: Jasper
 Permit #: _____

For Office Use Only:
 Well #: N69

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

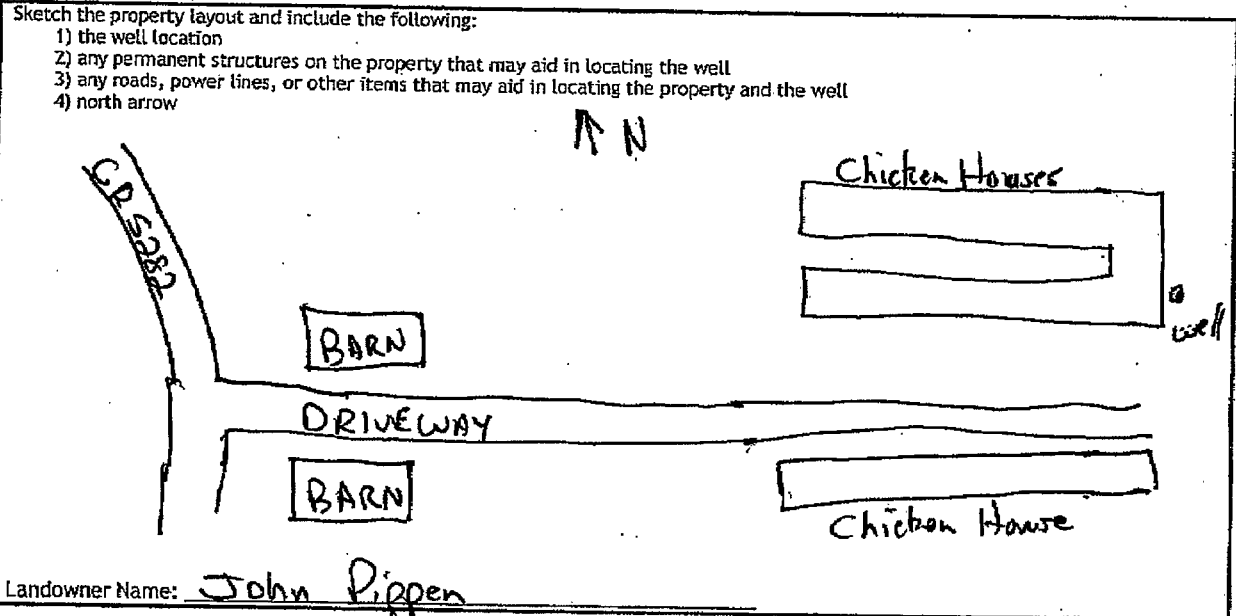
Ground Level 7



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
CLAY	7	7
SAND	7	31
GRAY CLAY	31	87
FINE SAND	87	110
CLAY	110	120

If more than one screen, show location of each on sketch



Landowner Name: John Pippen

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 D-672 12-14-16 David A. West
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 Form: OLWR-SWR-1A (4/13)
 DEC 15 2016

BY OLWR

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: Jasper
 Permit #: _____
 Driller: West Water Well
 Date completed: _____
 Copy information from block on Part 1

For Office Use Only:
 Well #: N69
 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		31-57-34 Well Location 89-14-58	
Owner Name: <u>John Pippen</u>		Latitude: <u>31° 57'</u>	Longitude: <u>89° 14'</u>
Mailing Address: <u>171 CR 5282</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Bay Springs</u> MS <u>39442</u>		NW ¼ NW ¼, Sec <u>2</u> T. <u>1N</u> R. <u>E36W</u>	
City State Zip Code		<u>1</u> Miles <u>SE</u> of <u>Bay Springs</u> ^{10E}	
Telephone No. (local) <u>670-0855</u>		(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-17-16 Rated Pump Capacity: 20 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: 100 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 12-14-16 David A. West
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-45WR-1B (7/13)
RECEIVED
 DEC 15 2016
 BY OLWR