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SEP 06 2018

### 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)961-5555  
 (601)961-5228 (fax)

BY OLWR  
**For Office Use Only:**  
 Well #: C28  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 8-29-2018

*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>Roundtree and Associates</u>	Latitude: <u>31-53-52</u> Longitude: <u>89-11-57</u> ??
Mailing Address: <u>210 Trace Colony Dr. Ox</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Hedgebrook</u> MS <u>39159</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>SW</u> NW 1/4, Sec <u>19</u> T <u>19</u> N R <u>12</u> W <u>11E</u>
Telephone No. <u>(601) 355-4530</u>	<u>4</u> Miles <u>NNE</u> of <u>Stringer</u>
	(Distance) (Direction) (Nearest Town)

Loc. quest.

**Well / Borehole Data**

Date drilling started: 8-29-2018 Date drilling completed: 8-29-2018 Hole depth: 210 Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Creek on CH10

Method of dosing and volume of Chlorine used in drilling and development: 1000 50 PPM

Logs run (check all applicable):  Log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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): High Supply

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

Static Water Level: 91 feet  above or  below land surface Date measured: 8-29-2018

(check one)

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

Well depth: 210 Well grouted to a depth of: 50 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PIC

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

Screen slot size: .010 inches Setting depth: From 185 feet to 205 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*

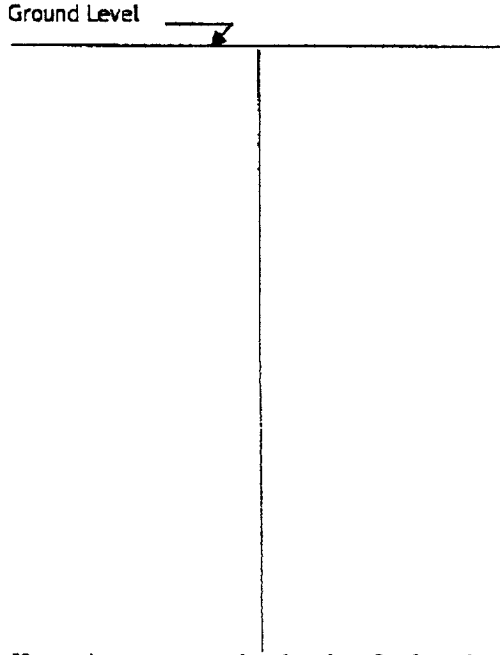
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County: Jasper  
 Permit #: \_\_\_\_\_

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 Well #: 028

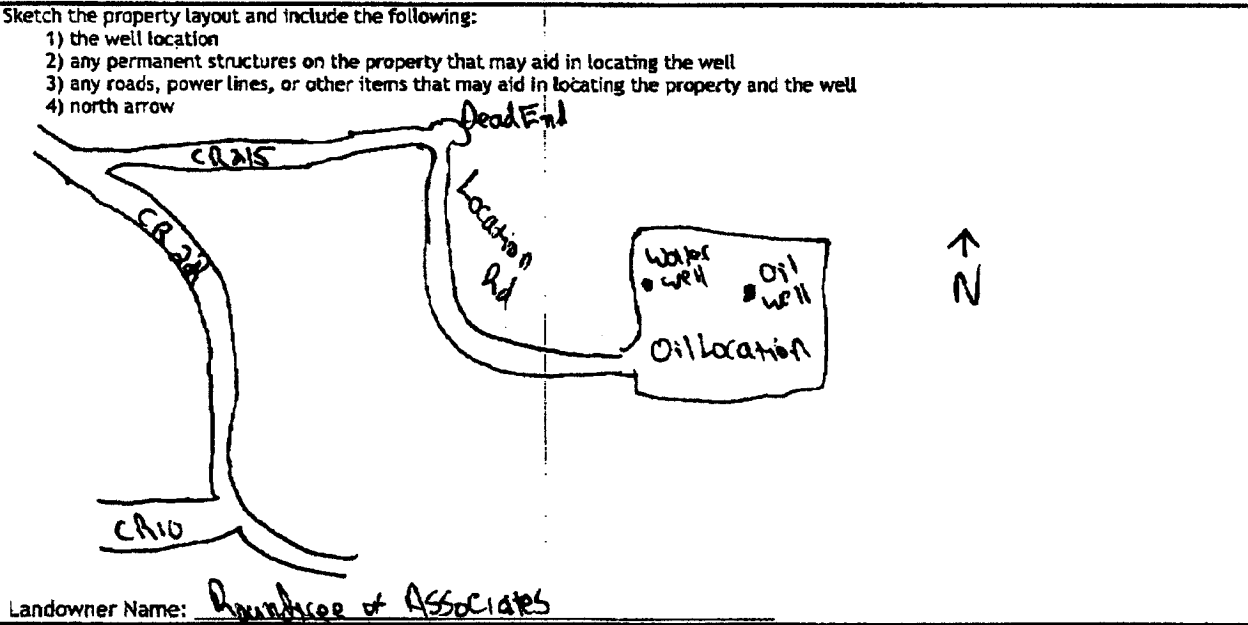
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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)
Clay	Ground level	17
Sandy clay	17	42
Clay	42	81
Sandy brown formation	81	149
Clay	149	163
Sandy	163	179
Sand	179	205
Clay	205	210

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



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 West 0692      9-6-2018      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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 #: 028
Aquifer:

County: Jasper
Permit #:
Driller: David West
Date completed: 8-29-2018
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: Roundtree & Associates, 210 Colony Trace Pkwy.
Well Location: Latitude: 31-53-52, Longitude: 89-11-57?
Method of Lat/Long: Conventional Survey
USGS quad: SW 1/4 SW 1/4, Sec 19, T 1N, R 12W
4 Miles NNE of Stringer

Pump Type (check one): Turbine
Date Pump Installed: 8-29-2018
Rated Pump Capacity: 50 Gallons Per Minute
Is This Pump (check one): Rental

Power Type (check one): Electric
Horse Power Rating of Motor: 5HP
Setting Depth: 140 feet
Number of Stages:

Pump Test Data for Non Flowing Well
Date Well Tested:
Duration of Pump Test (minimum 4 hours):
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Method of measurement (check one): Steel tape

Pump Test Data for Flowing Well
Measured shut in head:
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
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
David West 0672
962018
Signature of Pump Installer