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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 #: P 71
Aquifer: BY OLWR
E-Log #:
REC 118 2017

County: Jasper
Permit #:
Driller: Keith Parker
Date drilling completed: 10-9-17

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 (Landowner if borehole is not for a water well)
Owner Name: TRACY DIXON
Mailing Address: 192 CR 315
Heidelberg MS 39439
Telephone No. (601) 323-1879
Well or Borehole Location
Latitude: 31 53 45.1 N Longitude: 89 05 46.6 W
Method of Lat/Long (check one): Conventional Survey
USGS quad, Handheld GPS, Survey-grade GPS
NW 1/4 SW 1/4, Sec 29 T 1 N R 12 E
4 Miles W of Heidelberg
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 10-2 Date drilling completed: 10-9 Hole depth: 555 Hole diameter: 4
Location of the source of any surface water used for drilling: None
Method of dosing and volume of Chlorine used in drilling and development: 29A1 per 1000
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): MDEQ
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): Chicken Farm
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 140 feet [above or below] land surface Date measured: 10-9-17
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe)
Well depth: 525 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 510 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 8 inches Setting depth: From 505 feet to 525 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: 2 feet

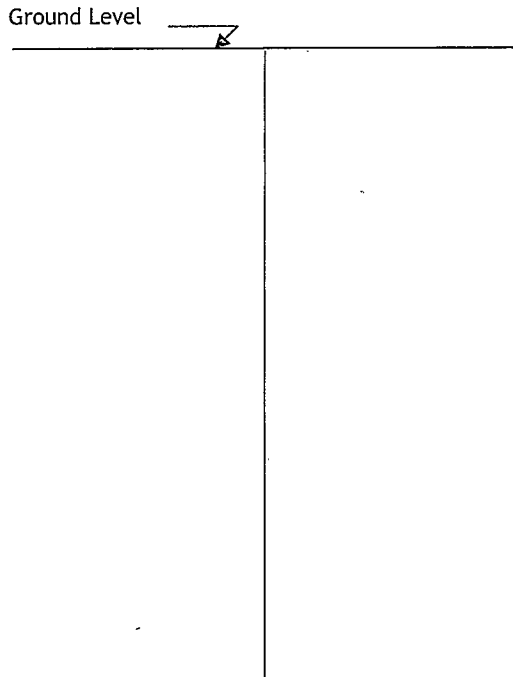
If telescoped or more than one screen, describe on next page

County: Jasper
Permit #: _____

For Office Use Only:
Well #: P71

The sketch below only required for water wells

If well telescopes, show depths on sketch.

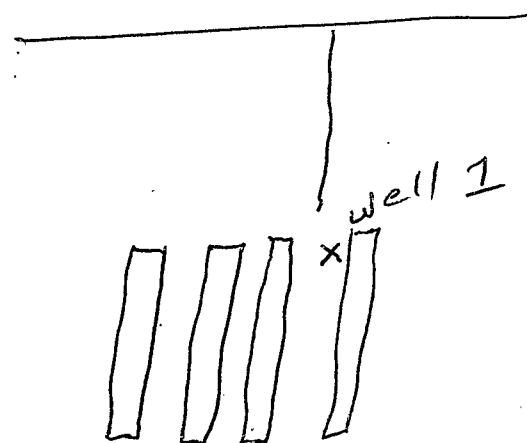


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
SAND	0	40
CLAY	40	90
SAND	90	110
CLAY	110	430
SAND	430	525

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



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Landowner Name: _____

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.

Keith Parker 07402 10-9-17 Keith Parker
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)

For Office Use Only:

Well #: P71
Aquifer: _____

County: Jasper
Permit #: _____
Driller: Keith Parker
Date completed: 10-9-17
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	Well Location
Owner Name: <u>Tracy Dixon</u>	Latitude: <u>31 53 45.1 N</u> Longitude: <u>89 05 46.6 W</u>
Mailing Address: <u>192 CR 315</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <input checked="" type="checkbox"/> Hand-held GPS _____, Survey-grade GPS _____
<u>Heidelberg</u> <u>MS</u> <u>39439</u>	<u>NW</u> ¼ <u>SW</u> ¼, Sec. <u>29</u> T <u>1 N</u> R <u>12 E</u>
City State Zip Code	<u>4</u> Miles <u>W</u> of <u>Heidelberg</u>
Telephone No. (601) <u>323 1879</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10-9-17 Rated Pump Capacity: 40 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: 5 Setting Depth: 300 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 10-9-17 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 200 Feet Below Land Surface Pumping Water Level (B): 260 Feet Below Land Surface

Drawdown [(B) - (A)]: 260 Feet Below Land Surface Test Pumping Rate: 45 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: **RECEIVED**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **DEC 08 2017**

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement **BY OLWR**

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.

Keith Parker 07402 10-8-17 Keith Parker
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer