

STATE WELL REPORT

194

Jefferson
 County: _____
 Permit #: Travis West
 Driller: _____
 Date drilling completed: 6-13-2021

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 #: H40
 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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Weiser-Brown Operating</u></p> <p>Mailing Address: <u>117 East Calhoun St</u></p> <hr/> <p><u>Magnolia</u> <u>AR</u> <u>71753</u></p> <p>City State Zip Code</p> <p>Telephone No. (<u>870</u>) <u>234-3050</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>31.7590388</u> Longitude: <u>-91.1124697</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p>USGS quad _____, Sec <u>27</u> T <u>9N</u> R <u>1E</u></p> <p><u>4.5</u> Miles <u>NW</u> of <u>Fayette</u></p> <p>(Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 6-13-2021 Date drilling completed: 6-13-2021 Hole depth: 400ft Hole diameter: 6 1/2in

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

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

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): Rig Supply

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

Static Water Level: 129 feet above or below land surface Date measured: 6-13-2021

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

Well depth: 400 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 370 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 370 feet to 400 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

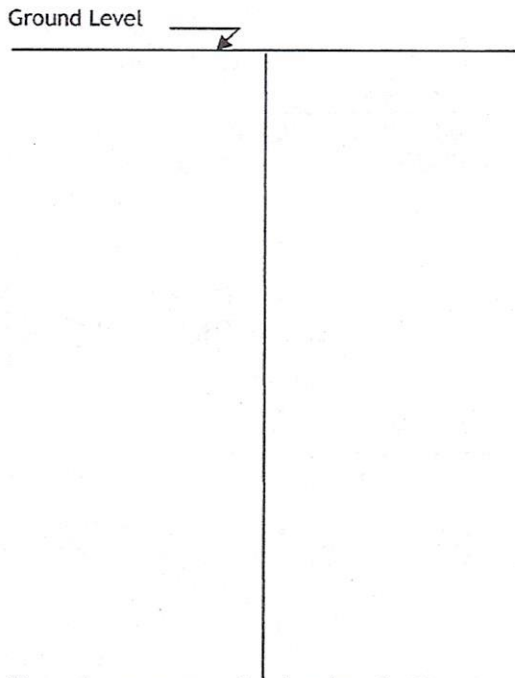
If telescoped or more than one screen, describe on next page

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County: Jefferson
 Permit #: _____

For Office Use Only:
 Well #: _____

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

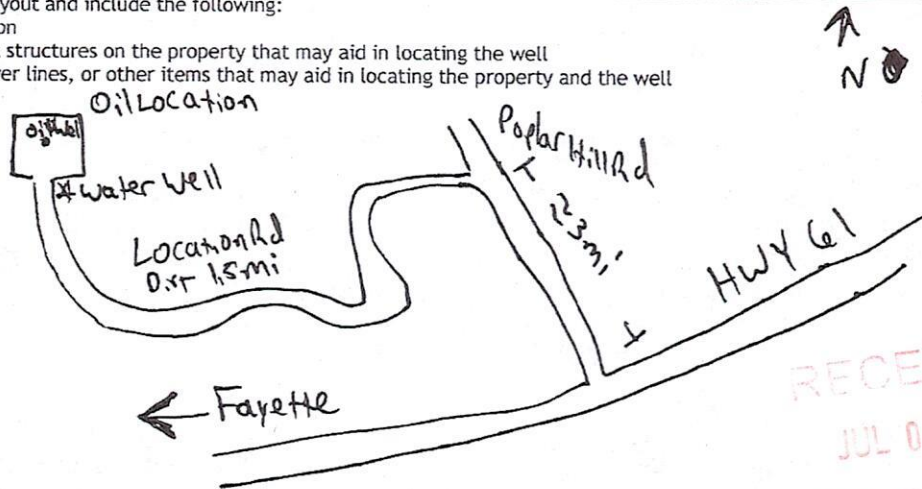


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Fill	0	12
Clay	12	90
Sandy Clay	90	130
Clay	130	205
Sandy	205	252
Clay	252	267
Broken Sand and Clay	267	370
Sand	370	400

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

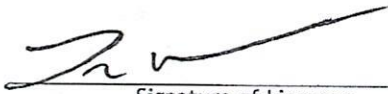
Sketch the property layout and include the following:
 1) the well location
 2) any permanent structures on the property that may aid in locating the well
 3) any roads, power lines, or other items that may aid in locating the property and the well
 4) north arrow



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Landowner Name: Weiser Brown Operating

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.

Travis West UNR-00010622 6-22-2021 
 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: <u>Jefferson</u>
Permit #: _____
Driller: <u>Travis West</u>
Date completed: <u>6-13-2021</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>H 40</u>
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>Weiser- Brown Operating</u>	Latitude: <u>31.7590388</u> Longitude: <u>-91.1124697</u>
Mailing Address: <u>117 East Calhoun St.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> _____, Survey-grade GPS _____
<u>Magnolia</u> <u>AR</u> <u>71753</u>	<u>1/4</u> <u>1/4</u> , Sec <u>27</u> T <u>9N</u> R <u>1E</u>
City State Zip Code	<u>4.5</u> Miles <u>NW</u> of <u>Fayette</u>
Telephone No. (<u>870</u>) <u>234-3050</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>6-13-2021</u>	Rated Pump Capacity: <u>60</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>7.5</u>	Setting Depth: <u>200</u> 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 (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Travis West UNR-00010622</u>	<u>6-22-2021</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer