

Well #1

County: Jones
 Permit #: _____
 Driller: David L. Cain
 Date drilling completed: 6/14/2018

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D216
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Dan Hill</u>	Latitude: <u>31° 48' 37"</u> Longitude: <u>89° 01' 05"</u>
Mailing Address: <u>96 Haney Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Heidteburg Ms 39439</u> City State Zip Code	USGS quad: <u>N 1/4 NW 1/4 Sec 29 Twn 10N Rng 10W</u>
Telephone No. <u>(601) 577 4913</u>	Distance: <u>2</u> Miles Direction: <u>North</u> of Nearest Town: <u>Sandersville Ms</u>

Well / Borehole Data

Date drilling started: 6/13 Date drilling completed: 6/17 Hole depth: 75 Hole diameter: 4"

Location of the source of any surface water used for drilling: Sandersville City Water Well

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 (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 one): Home _____ Industrial Public Supply _____ Irrigation _____ Fish Culture _____ Other: Chateau Farm

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 6/14/2018

Method of Measurement (circle one) steel tape electric tape air line other: String

Well depth: 75 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 55 feet to 75 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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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Southern Ms Water Well Drilling
 Lic# 0-831

Form: OLRW-SWR-1A (04/08)
 Randall Cain
 6/30/2018

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D216
 Elevation: _____

County: Jones
 Permit #: _____
 Driller: David L. Cain
 Date completed: 6/14/2018
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

Owner Name: Don Hill
 Mailing Address: 96 Hancy Rd
Heidleburg Ms 39439
City State Zip Code
 Telephone No. (601) 577 4913

Well Location

Latitude: 31° 48' 37" Longitude: 89° 01' 05"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS Survey-grade GPS _____
N^{NW} 1/4 W^{NE} 1/4 Sec 29 T10N R 10W
 Distance Direction Nearest Town
2 Miles North of Scudder, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6/14/2018
 Rated Pump Capacity: 50 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 5 hp
 Setting Depth: 70 feet
 Number of Stages: 15

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Pump Test Data

Date Well Tested: 6/14/2018
 Static Water Level (A): 48 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 12 Feet Below Land Surface
 Test Pumping Rate: 100 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): String
 For flowing well, measured shut in head: _____ feet
 Well yielded 100 GPM with a drawdown of
12 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Southern Ms Water Well Drilling
 Print Name of Pump Installer and License No. (if applicable)

David L. Cain
 Signature of Pump Installer

Lic # 0-831

6/30/2018

Form: OLWR-SWR-1B (04/08)

Well #1

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