

RECEIVED
JUN 10 2019
BY OLWR

327

STATE WELL REPORT

County: Jones
 Permit #: _____
 Driller: David West
 Date drilling completed: 5-13-2019

**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 #: D 229
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>George Walters</u>	Latitude: <u>31° 46' 12.22"</u> Longitude: <u>88° 57' 1.50"</u>
Mailing Address: <u>49 Piney Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Laurel</u> <u>MS</u> <u>39443</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>1</u> T <u>9N</u> R <u>10W</u>
Telephone No. (<u>601</u>) <u>498-0322</u>	<u>3</u> Miles <u>ESE</u> of <u>Sandersville</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-13-2019 Date drilling completed: 5-13-2019 Hole depth: 48' Hole diameter: 6 1/2"

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

Method of dosing and volume of Chlorine used in drilling and development: Tabs 500ppm

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): _____

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

Static Water Level: 26 feet above or below land surface Date measured: 5-13-2019

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

Well depth: 48' Well grouted to a depth of: 38 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 38 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

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

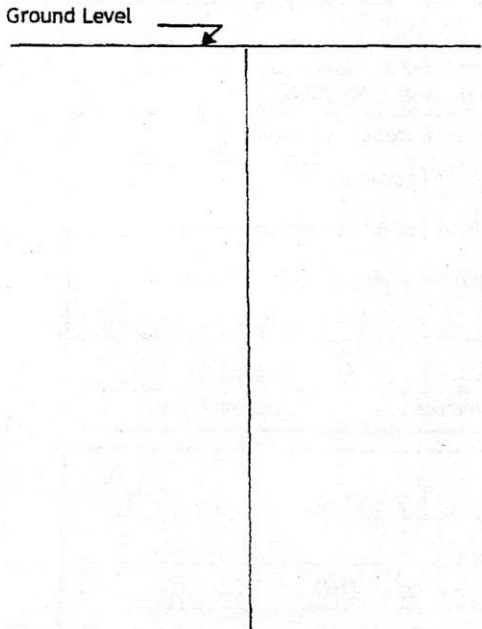
If telescoped or more than one screen, describe on next page

County: Jones
Permit #: _____

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

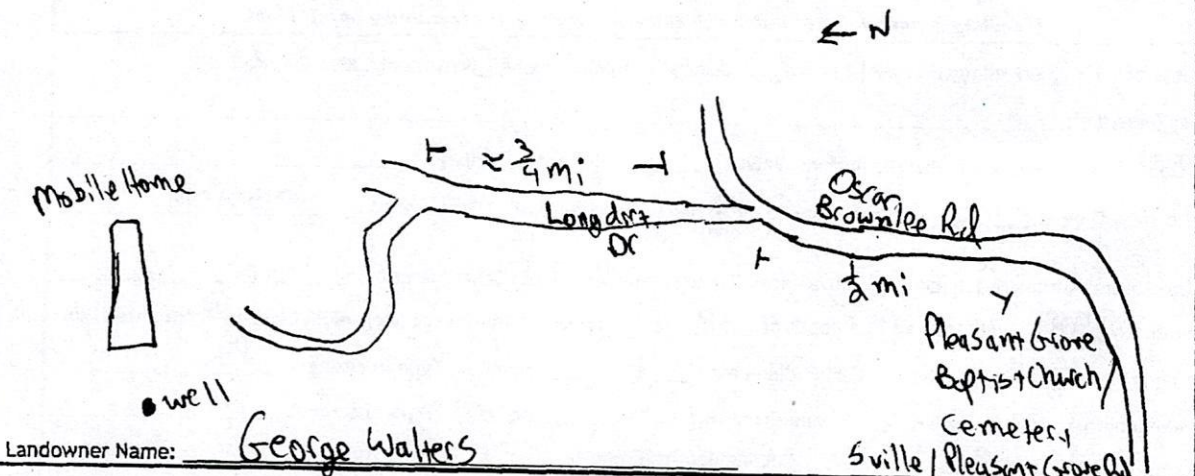


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	6
Sandy Clay	6	29
Fire Sand	29	37
Sand	37	48

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



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.

Landowner Name: George Walters

Print Name of Responsible Licensee and License No. David West 0672 Date 6-9-2019 Signature of Licensee [Signature]

RECEIVED
JUN 10 2019
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: JONES
Permit #: _____
Driller: David West
Date completed: 5-13-2019
Copy information from block on Part 1

For Office Use Only:
Well #: D 229
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>George Walters</u>	Latitude: <u>31° 46' 12.22"</u> Longitude: <u>-88° 57' 1.50"</u>
Mailing Address: <u>49 Piney Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Laurel</u> <u>MS</u> <u>39443</u>	<u>SW</u> <u>NW</u> <u>SE</u> <u>SW</u> <u>1</u> <u>T</u> <u>9N</u> <u>R</u> <u>10W</u>
City State Zip Code	<u>3</u> Miles <u>ESE</u> of <u>Sandersville</u>
Telephone No. <u>(601) 498-0322</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 5-13-2019 Rated Pump Capacity: 7 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 2 HP Setting Depth: 45 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 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 (check 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 West 0672 6-7-2019 David West
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer