

STATE WELL REPORT

240

County: Jones
 Permit #: _____
 Driller: David West
 Date drilling completed: 6-2-2020

**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 #: J 186
 Aquifer: _____
 E-Log #: _____

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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>Robby Danlike</u> | Latitude: <u>31.5961143</u> Longitude: <u>-89.2680215</u> |
| Mailing Address: <u>186 Sandhill Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Ellisville</u> <u>MS</u> <u>39437</u> | <u>SE</u> ¼ <u>SE</u> ¼, Sec <u>2</u> T <u>7N</u> R <u>13W</u> |
| City State Zip Code | <u>4</u> Miles <u>SSW</u> of <u>Ellisville MS</u> |
| Telephone No. (601) <u>499-9582</u> | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 6-2-2020 Date drilling completed: 6-2-2020 Hole depth: 160' 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: Tubs 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): _____

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

Static Water Level: 80 feet above or below land surface Date measured: 6-2-2020
(check one)

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

Well depth: 160' Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 150 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 150 feet to 160 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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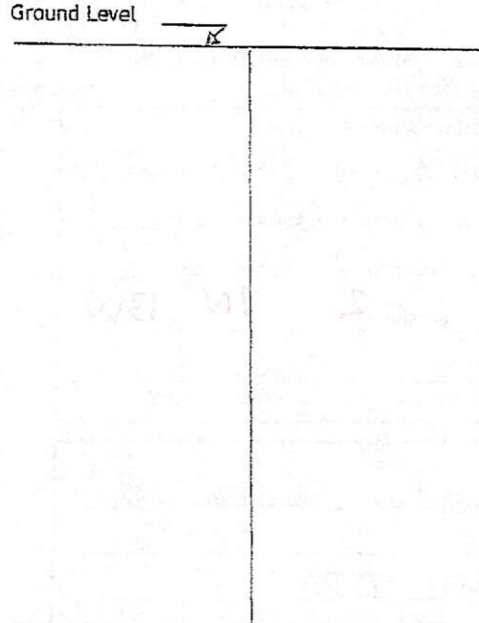
County: Jones
 Permit #: _____

For Office Use Only:

Well #: _____

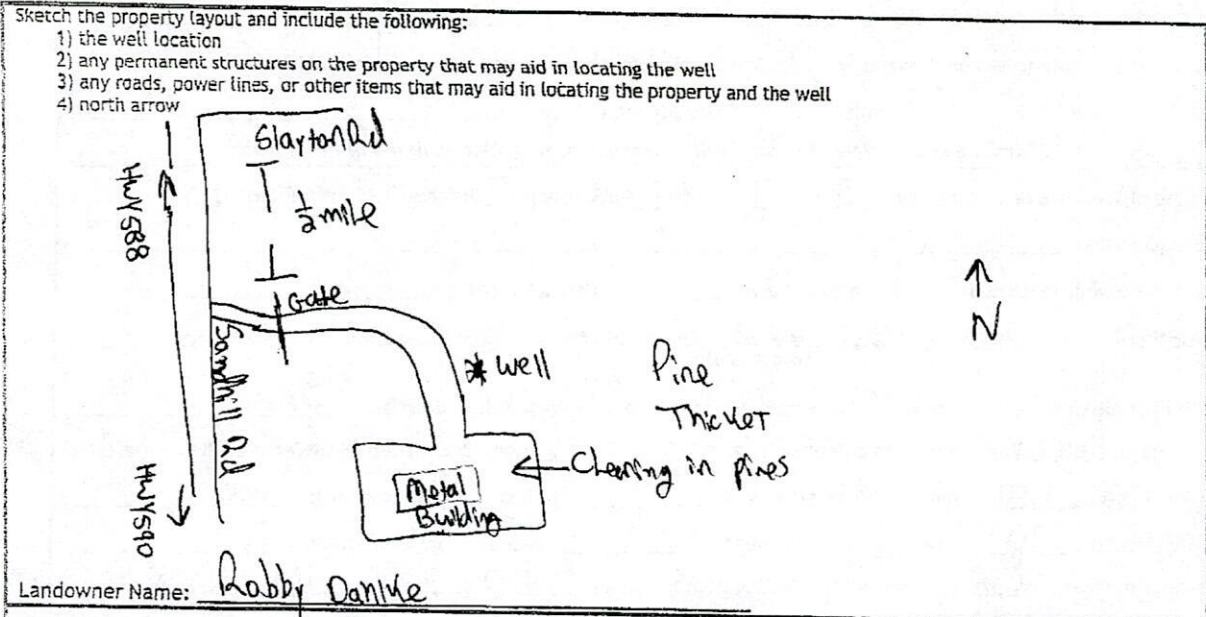
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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) |
|---------------------------------------|--------------|------------|
| Sandy Clay | Ground level | 9 |
| Clay | 9 | 125 |
| Sand - medium | 125 | 150 |
| Sand - Coarse | 150 | 160 |
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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.

Dave West 0-672 6-2-2020 [Signature]
 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 #: J 186
Aquifer:

County: Jones
Permit #:
Driller: David West
Date completed: 6-2-2020
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: Robby Dahlke, Mailing Address: 186 Samhill Rd, Ellisville MS 39437, Telephone No. (601) 499-9582
Well Location: Latitude: 31.5961143, Longitude: -89.268015, Method of Lat/Long: Hand-held GPS, USGS quad: SE 1/4 SE 1/4, Sec 2 T 7N R 13W, 4 Miles SSW of Ellisville, MS

Pump Type (check one): Submersible [X] Turbine [] Air Lift [] Centrifugal [] Flowing Well [] Jet [] Piston [] Rotary [] Other (describe):
Date Pump Installed: 6-2-2020, Rated Pump Capacity: 20 Gallons Per Minute
Is This Pump (check one): [X] New [] Repaired [] Replacement
Power Type (check one): Electric [X] Diesel [] Gasoline [] Natural Gas [] Tractor PTO [] Windmill [] Other (describe):
Horse Power Rating of Motor: 1, Setting Depth: 100 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):
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 06022, 6-2-2020, Signature of Pump Installer