

STATE WELL REPORT

234

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Service
 Date drilling completed: 4-29-19

Part I
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 #: K52
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mikala McEay</u>	Latitude: <u>31° 55' 40"</u> Longitude: <u>89° 22' 22"</u>
Mailing Address: <u>224 Darcotown Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: <u>Ellisville</u> State: <u>Ms.</u> Zip Code: <u>39437</u>	USGS quad: <u>NW 1/4, Sec 20, T 7N, R 12W</u>
Telephone No. <u>(601) 335-2347</u>	<u>3</u> Miles <u>S</u> of <u>Ellisville</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-22-19 Date drilling completed: 4-29-19 Hole depth: 360' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Oak Grove Water Assn.

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 (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): _____

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

Static Water Level: 92' feet (above or below) land surface Date measured: 4-29-19

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 360' Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 340 feet to 360 feet

Type of completion (circle 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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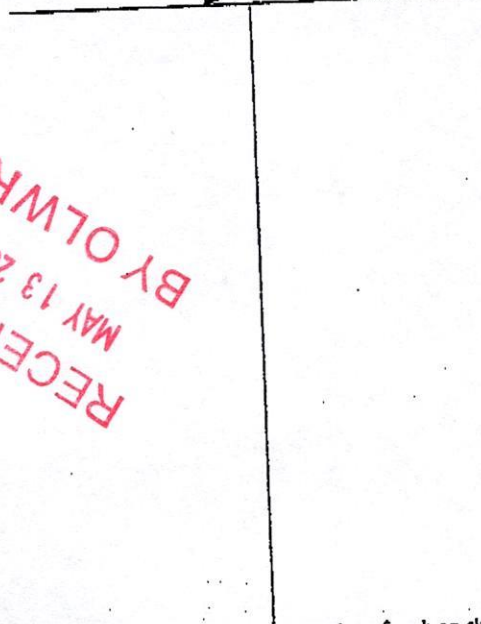
County: _____
 Permit #: _____

For Office Use Only:
 Well #: K52

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

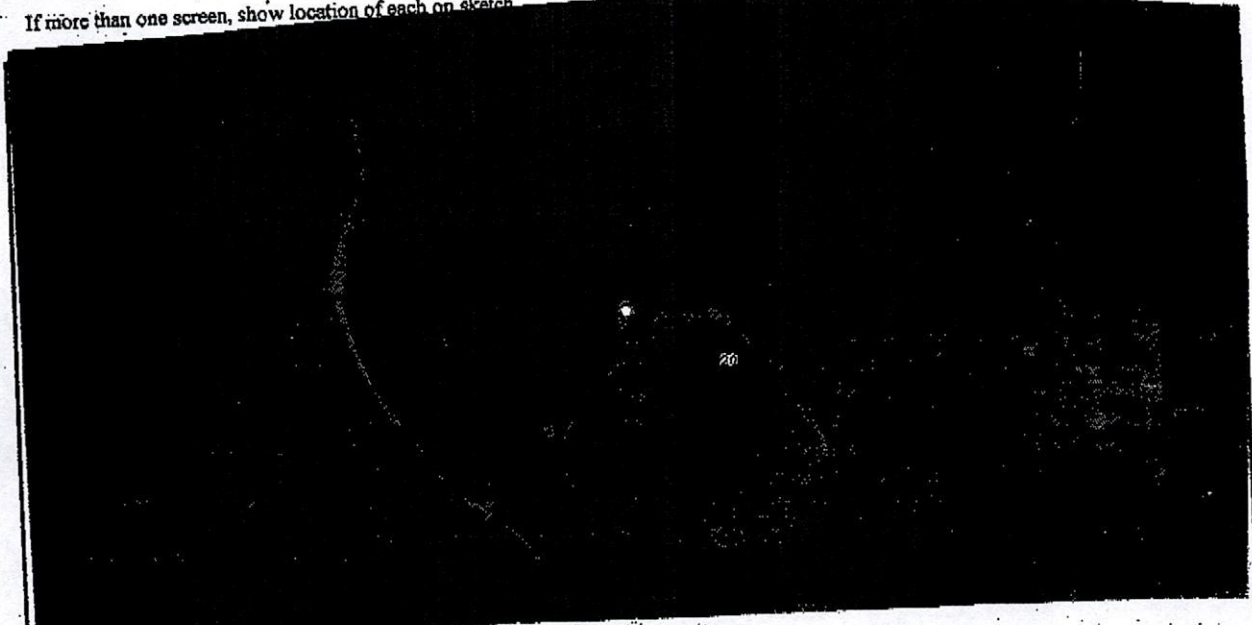


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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Orange Clay	14	16
Sand streak	16	56
Gray clay	56	62
Tan clay	62	149
Gray clay	149	177
Gray clay w/sand streak	177	182
Sand	182	285
Sand + dark gray clay	285	360
Sand		

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



Landowner Name: Will + Mikala McCoy

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.

Mike Baughman 587 5-10-19 Mike Baughman
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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: A-1 Drilling Serv. Inc.
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Well #: K 53
 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>Mikala McCoy</u>		Latitude: <u>31° 55' 40"</u>	Longitude: <u>89° 22' 22"</u>
Mailing Address: <u>224 Dacetown Rd.</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Ellisville</u> <u>Ms.</u> <u>39437</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City State Zip Code		<u>1SW</u> 1/4, <u>NE</u> 1/4, Sec <u>26</u> , <u>7N</u> <u>K 12W</u>	
Telephone No. <u>(601) 335-2347</u>		<u>± 3</u> Miles <u>S</u> of <u>Ellisville</u>	
		(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-6-19 Rated Pump Capacity: 45 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: 160 feet Number of Stages: 17

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 92 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 (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: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter Installed by: _____
 Is This Meter (circle 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.
Mike Baughman 587 5-10-19 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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