

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: E29
Aquifer: _____
E-Log #: _____

County: Lauderdale
Permit #: _____
Driller: David West
Date drilling completed: 1-29-2020

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>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Cathy Kitchens</u> Mailing Address: <u>4894 Oxford Rd.</u> <u>Lauderdale</u> <u>MS</u> <u>39335</u> City State Zip Code Telephone No. <u>(228) 623-6960</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32.5149</u> Longitude: <u>-88.4691</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>X</u> Hand-held GPS <u>X</u> Survey-grade GPS _____ <u>NE</u> <u>NE</u> <u>29</u> <u>NW</u> <u>NW</u> <u>28</u> T <u>8N</u> R <u>16E</u> <u>3</u> Miles <u>E</u> of <u>Lauderdale</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 1-29-20 Date drilling completed: 1-29-20 Hole depth: 114' Hole diameter: 6 1/2"
Location of the source of any surface water used for drilling: Wellwater
Method of dosing and volume of Chlorine used in drilling and development: Tabs 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: 71 feet above or below land surface Date measured: 1-29-2020
(check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Sonar
Well depth: 114' Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 99' feet Casing diameter: 4 inches Type of casing: Pvc
Screen length: 15' feet Screen diameter: 4 inches Type of screen: Pvc
Screen slot size: .016 inches Setting depth: From 99 feet to 114 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



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: Lauderdale
Permit #:
Driller: David West
Date completed: 1-29-2020
Copy information from block on Part 1

For Office Use Only:
Well #: E29
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: Cathy Kitchens, 4894 Oxford Rd., Lauderdale MS 39335
Well Location: Latitude 32.5749, Longitude -88.4691, NW 1/4 NW 1/4, Sec 28 T 8N R 18E, 3 miles E of Lauderdale

Pump Type (check one): Turbine
Date Pump Installed: 1-29-2020
Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (check one): New

Power Type (check one): Electric
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):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Method of measurement (check one): Steel tape

Pump Test Data for Flowing Well
Measured shut in head:
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
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 0-670 1-29-2020
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer