

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: A14
Aquifer:
E-Log #:

County: Lawrence
Permit #:
Driller: James M. Wells
Date drilling completed: 1-13-17

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)
Owner Name: N+P
Mailing Address: 108 Jack Davis Rd, Wesson MS 39191
Well or Borehole Location
Latitude: 31°43.21 Longitude: 90°11.52
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4, Sec 28 T 9 N R 10 E

Well / Borehole Data
Date drilling started: 1-13-17 Date drilling completed: 1-13-17 Hole depth: 150 Hole diameter: 7 1/2
Location of the source of any surface water used for drilling: Cuning creek
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
Logs run (circle all applicable): No log run
Purpose of borehole (circle one): Water Well
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): chicken house
Static Water Level: 60 feet [above or below] land surface Date measured: 1-13-17
Method of measurement (circle one): Steel tape
Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 120 feet to 150 feet
Type of completion (circle all applicable): Gravel packed
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: Lawrence
Permit #: _____
Driller: James M. Wells
Date completed: 1-13-17
Copy information from block on Part 1

For Office Use Only:

Well #: A14
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>NAP</u>	Latitude: <u>31°43.21</u> Longitude: <u>90°11.52</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>108 Jack Davis Rd</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wesson</u> <u>MS</u> <u>39191</u>	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>28</u> T <u>9N</u> R <u>10E</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 1-13-17 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: 125 feet Number of Stages: 14

Pump Test Data for Non Flowing Well
Date Well Tested: 1-13-17 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 160 Feet Below Land Surface Pumping Water Level (B): 125 Feet Below Land Surface
Drawdown [(B) - (A)]: 74 Feet Below Land Surface Test Pumping Rate: 55 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: RECEIVED
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ MAY 24 2017
Installation Date: _____ Meter installed by: _____ BY OLWR
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.
James M. Wells 00005889 _____ James M. Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer