

STATE WELL REPORT

453

County: Lawrence
Permit #: _____
Driller: Chris Wells
Date drilling completed: 10-10-18

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 #: A21
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>Grover Cato</u>	Latitude: <u>N31° 44' 01"</u> Longitude: <u>W90° 04' 02"</u>
Mailing Address: <u>71 Cato Ln</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>New Hebron MS 39140</u>	<u>NW 1/4 SE 1/4, Sec 24 T 9N R 21W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 214 9786</u>	

Well / Borehole Data

Date drilling started: 10-10-18 Date drilling completed: 10-10-18 Hole depth: 185' Hole diameter: 7 1/2 in

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

Method of dosing and volume of Chlorine used in drilling and development: 2 lbs shock

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): Cattle

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

Static Water Level: 130 feet above or below land surface Date measured: 10-10-18
(check one)

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

Well depth: 185 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 165 feet to 185 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

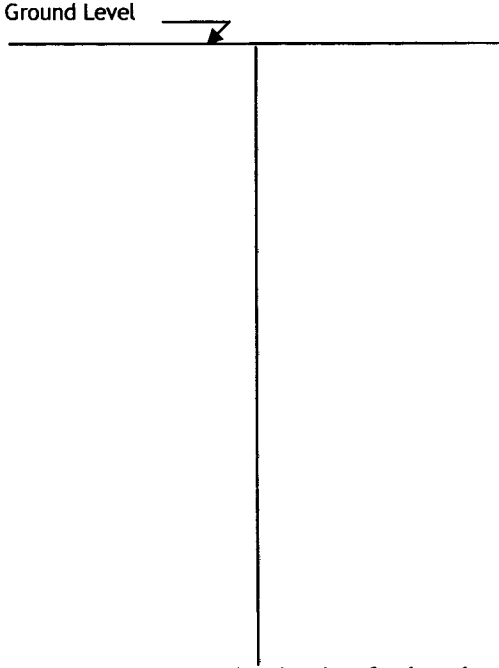
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If telescoped or more than one screen, describe on next page

County: Lawrence
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)
Top Soil	Ground level	2
Sand and Gravel	2	100
White Clay	100	140
Sand and Gravel	140	185

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

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Landowner Name: _____

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.

Chris Wells 8814 10-10-18 Chris Wells
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)

County: Lawrence
Permit #: _____
Driller: Chris Wells
Date completed: 10/10/18
Copy information from block on Part 1

For Office Use Only:
Well #: 121
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>Grover Cato</u>	Latitude: <u>N31°44'01"</u> Longitude: <u>W90°04'02"</u>
Mailing Address: <u>71 Cato Ln</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>New Hebron MS 39140</u>	<u>NW 1/4 SE 1/4, Sec 24 T 9N R 21W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 214 9786</u>	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10/10/18 Rated Pump Capacity: 10 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: 1 Setting Depth: 150 feet Number of Stages: 11

Pump Test Data for Non Flowing Well
Date Well Tested: 10/10/18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 130 Feet Below Land Surface Pumping Water Level (B): 175 Feet Below Land Surface
Drawdown [(B) - (A)]: 135 Feet Below Land Surface Test Pumping Rate: 13 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 13 GPM with a drawdown of 5 feet after 4 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.
Christopher L. Wells 8814 10/10/18 Chris Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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