

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 #: D37
 Aquifer: _____
 E-Log #: _____

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 7-10-17

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: <u>Britt Barnes</u> Mailing Address: <u>104 Court Square</u> <u>Carthage</u> <u>MS</u> <u>39051</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>32° 52' 23.53"</u> Longitude: <u>87° 24' 14.34"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>19</u> ²⁰ T <u>12N</u> R <u>9E</u> ^V <u>12</u> Miles <u>NE</u> of <u>Carthage</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 7-10-17 Date drilling completed: 7-10-17 Hole depth: 165 Hole diameter: 4

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

Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in tender & Wash

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): Re. BARN

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

Static Water Level: 47 feet above or below land surface Date measured: 7-10-17 BY OLWR
 (check one)

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

Well depth: 165 Well grouted to a depth of: 30 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 135 feet to 165 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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 AUG 15 2017
 BY OLWR

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 #: D37

Aquifer: _____

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7-17-17
 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		Well Location	
Owner Name: <u>Britt Barnes</u>		Latitude: <u>32° 52' 23.55"</u>	Longitude: <u>89° 24' 14.34"</u>
Mailing Address: <u>104 Court Square</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
<u>Carthage</u> <u>MS</u> <u>39051</u>		<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>19</u> <u>20</u> T <u>12 N</u> R <u>9 E</u>	
City State Zip Code		<u>12</u> Miles <u>NE</u> of <u>Carthage</u> (Distance) (Direction) (Nearest Town)	
Telephone No. (____) _____			

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): 456570

Date Pump Installed: _____ Rated Pump Capacity: 45 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: 3HP30 Setting Depth: 100 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 7-17-17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 47 Feet Below Land Surface Pumping Water Level (B): 62 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 20 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: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AUG 15 2017

Installation Date: _____ Meter installed by: BY OLWR

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 S Thomas 0-149 7-17-17 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer