

STATE WELL REPORT

519

County: Legke
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 11-19-19

**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 #: D 39
 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>Gerald Barnes</u>	Latitude: <u>32° 52' 30.4"</u> Longitude: <u>89° 24' 24.26"</u>
Mailing Address: <u>11470 County Road 107</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Carthage Ms</u> <u>39051</u>	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>19</u> T <u>12 N</u> R <u>9 E</u>
City State Zip Code	<u>1.5</u> Miles <u>SW</u> of <u>Marydel</u>
Telephone No. <u>(601) 580-2506</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-19-19 Date drilling completed: 11-19-19 Hole depth: 193 Hole diameter: 4"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender & wash

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: N/A

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: 110 feet above or below land surface Date measured: 11-19-19
 (check one)

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

Well depth: 193 Well grouted to a depth of: 10+ feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 153 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From _____ feet to _____ 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

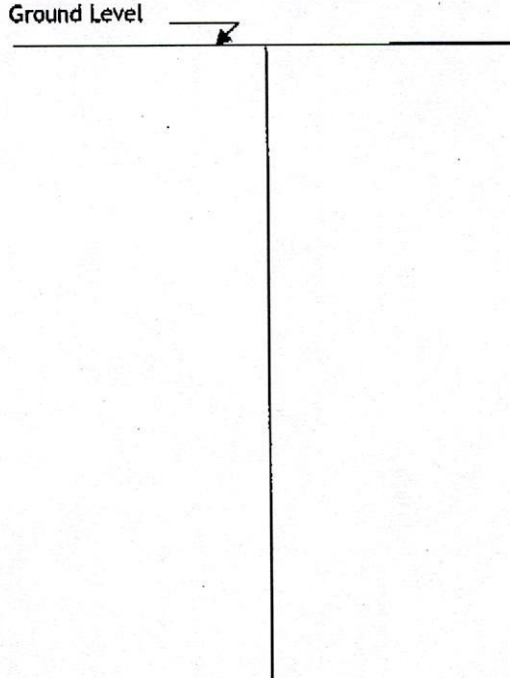
RECEIVED
 DEC 10 2019
 BY OLWR

County: Leake
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



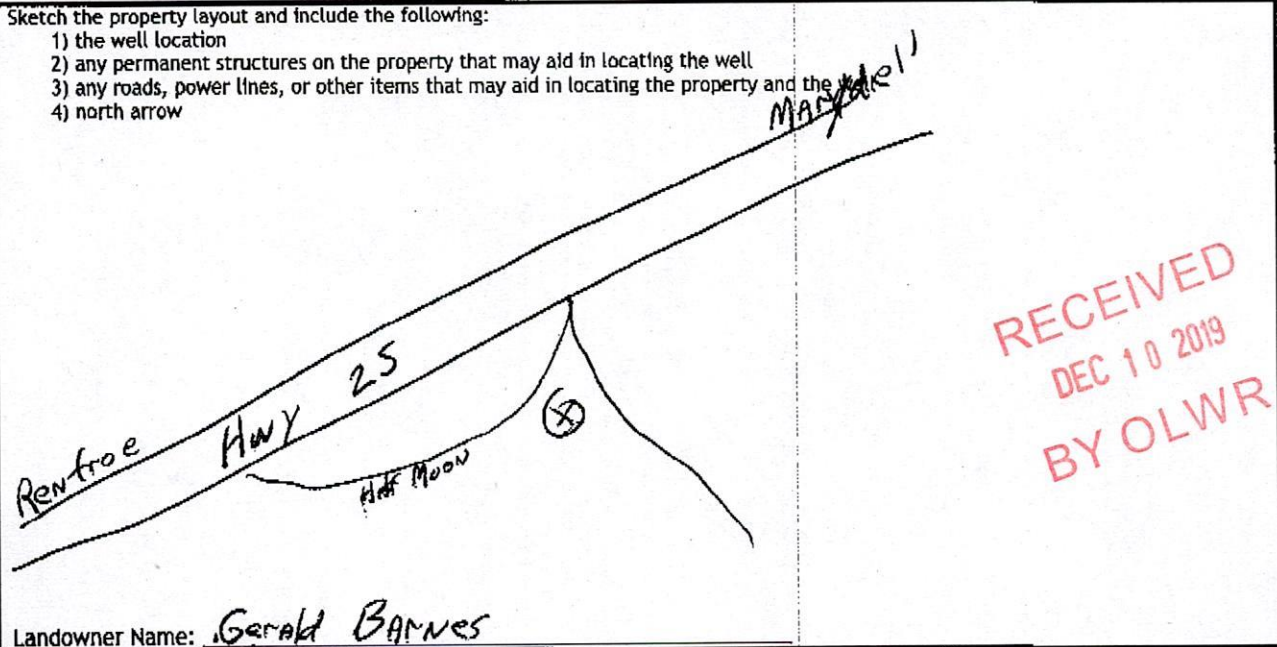
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Red Dirt	0	7
Red Sand	7	21
Yellow Sand	21	40
White Sand	40	52
Yellow Sand	52	60
Mixed Clay	60	64
Gray Clay	64	82
Shale Green Sand & Clay	82	94
Hard Rock	94	78
Gray sand	98	160
White Sand	160	170
Mixed Sand	170	193

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



RECEIVED
 DEC 10 2019
 BY OLWR

Landowner Name: Gerard Barnes

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.

David S. Thomas 0-149 11-20-19
 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: Leake
Permit #: _____
Driller: Thomas Drilling
Date completed: 11-25-19
Copy information from block on Part 1

For Office Use Only:
Well #: D 39
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>Gerald Barnes</u>	Latitude: <u>32°52'30.4"</u> Longitude: <u>89°24'24.26"</u>		Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
Mailing Address: <u>11490 County Rd 107</u>	USGS quad <u>SE ¼ SE ¼, Sec 19 T 12 N R 9 E</u>		1.5 Miles <u>SW</u> of <u>Marydel</u>	
<u>Carthage</u> <u>MS</u> <u>39051</u>	City	State	Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 580-2508</u>				

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 11-25-19 Rated Pump Capacity: 35/60 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: 5HP 3P Setting Depth: 180 feet Number of Stages: 13

Pump Test Data for Non Flowing Well
Date Well Tested: 11-25-19 Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface
Drawdown ((B) - (A)): 50 Feet Below Land Surface Test Pumping Rate: 60 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: _____
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.

RECEIVED
DEC 10 2019
BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
David S. Thomas 0-149 11-25-19
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer