

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)

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 7/10/18

For Office Use Only:
 Well #: L63
 Aquifer: _____
 E-Log #: _____

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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. **JUL 16 2018**

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Ed Hendorn</u> Mailing Address: <u>2042 HWY 16E</u>		Well or Borehole Location Latitude: <u>32° 44' 30.1"</u> Longitude: <u>89° 30' 5.25"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE</u> 1/4 SW 1/4, Sec <u>5</u> T <u>10N</u> R <u>8E</u> <u>1</u> Miles <u>East</u> of <u>CARTHAGE</u> (Distance) (Direction) (Nearest Town)	
<u>Carthage</u> MS <u>39051</u> City State Zip Code Telephone No. (601) <u>416-9348</u>			

BY OLWR

Well / Borehole Data

Date drilling started: 7/10/18 Date drilling completed: 7/10/18 Hole depth: 90' 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: 1kg in tender to 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): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 10 feet above or below land surface Date measured: 7/10/18
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 90 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 70 feet to 90 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

County: Leake
 Permit #: _____

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

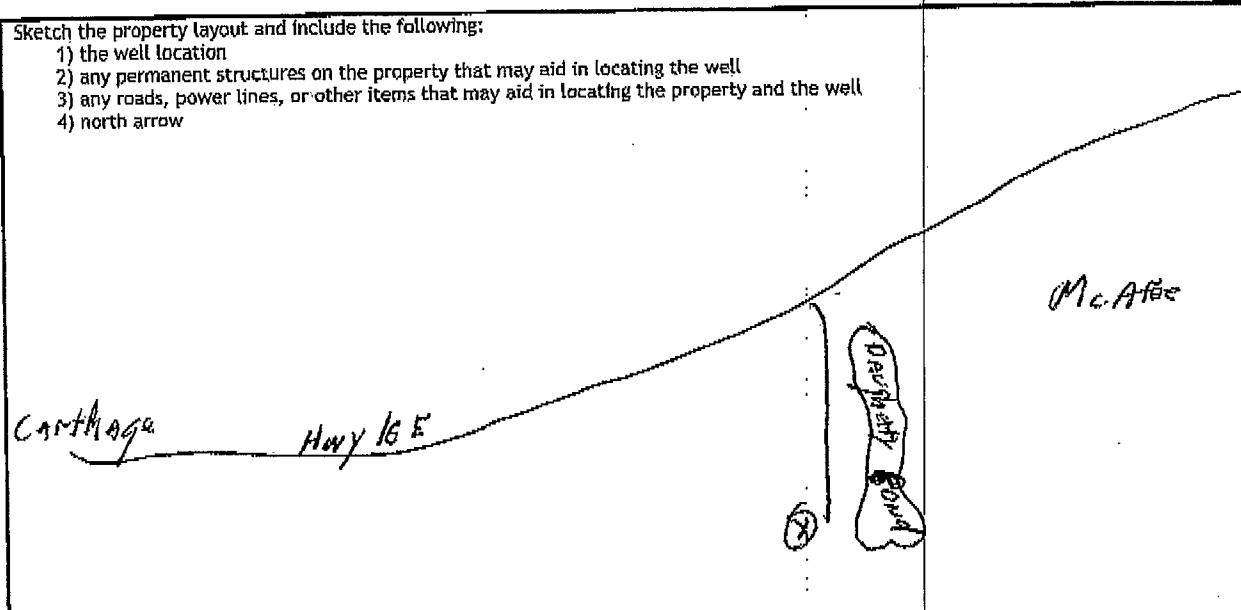
Ground Level _____

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JUL 16 2018
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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)
	Ground level	
TAN CLAY	0	10
Gray Clay w/sand	10	17
SAND & clay	17	19
Mixed clay	19	25
Sand	25	90

If more than one screen, show location of each on sketch



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.

David S Thomas 0-147 7/13/18 [Signature] 0-147
 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)

L63

County: LEAKE
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7/11/18
Copy information from block on Part 1

For Office Use Only:
RECEIVED
 Well #: _____
JUL 16 2018
 Aquifer: _____
BY OLWR

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>Ed Heidorn</u>		Latitude: <u>32° 44' 30.1"</u>	Longitude: <u>89° 30' 5.25"</u>
Mailing Address: <u>2012 Hwy 16E</u>		Method of Lat/Long (check one):	Conventional Survey _____
		USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Carthage</u> <u>MS</u> <u>39051</u>		<u>SE 1/4 SW 1/4</u> Sec <u>5</u>	T <u>10N</u> R <u>8E</u>
City State Zip Code		<u>1</u> Miles <u>East</u> of <u>Carthage</u>	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 46-9348</u>			

Pump Type (check one)

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

Date Pump Installed: 7/11/18 Rated Pump Capacity: 18 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 hp Setting Depth: 60 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 7/11/18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 30 Feet Below Land Surface Test Pumping Rate: 45 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-147 7/17/18 [Signature] 0-147
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer