

**STATE WELL REPORT**

County: Leflore  
 Permit #: GW-47910  
 Driller: Richard Foster  
 Date drilling completed: 3-21-14

**Part I**  
**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 #: A172  
 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 #1920 (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Nat McKnight</u>			Latitude: <u>33° 46' 51.46"</u> Longitude: <u>W 90° 25' 12.33"</u>		
Mailing Address: <u>402 Sharp Ave</u>			Method of Lat/Long (check one): Conventional Survey _____,		
City: <u>Cleveland</u> State: <u>MS</u> Zip Code: <u>38732</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. <u>(662) 719-3133</u>			<u>NE 1/4 1/4 NE 1/4, Sec 17 T22N R02W</u>		
_____			<u>2.5</u> Miles <u>West</u> of <u>Minster City</u>		
_____			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 3-21-14 Date drilling completed: 3-21-14 Hole depth: 116' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hooked water 2 miles away from pond

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle 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: 49 feet (above or  below) and surface Date measured: 4-12-14  
 (circle one)

Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

Well depth: 116 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1050 inches Setting depth: From 66 feet to 116 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

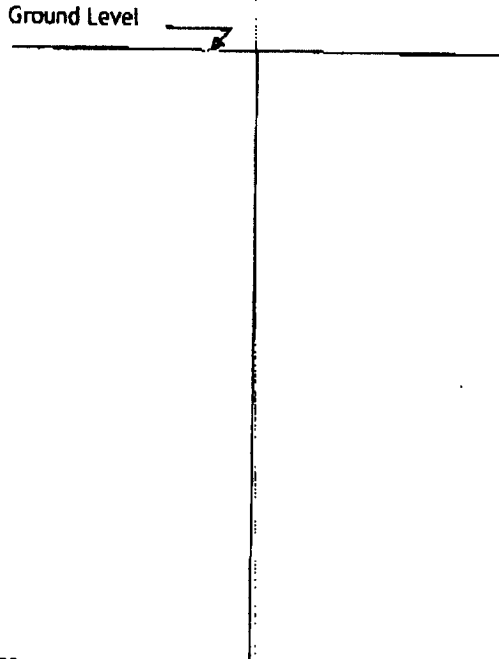
*If telescoped or more than one screen, describe on next page*

County: Leflore  
Permit #: GW-49910

For Office Use Only:  
Well #: A 172

The sketch below only required for water wells

If well telescopes, show depths on sketch.

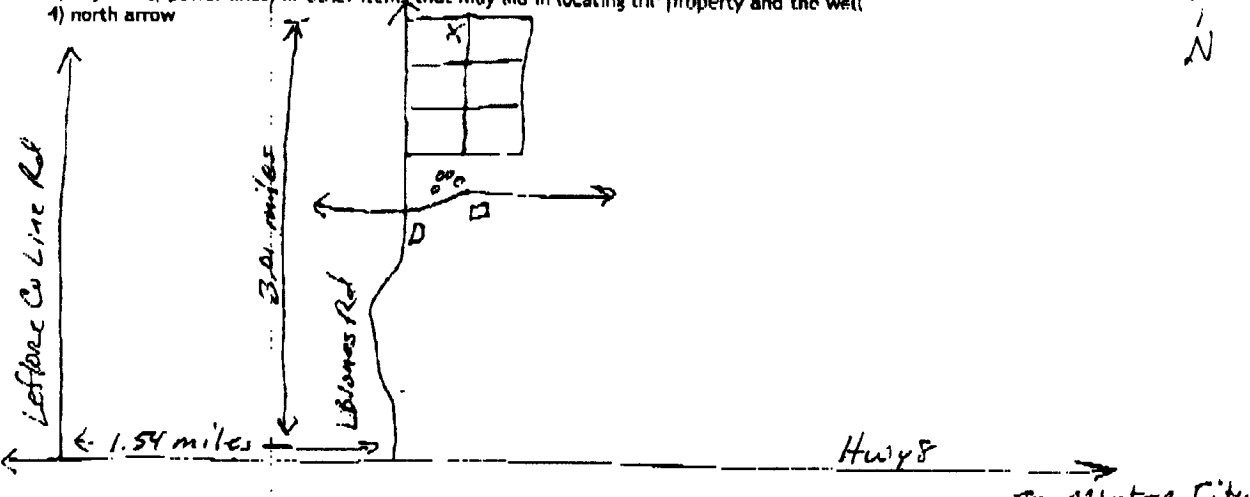


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	15
Clay	15	25
Clay & Fine Sand	25	35
Clay & Fine Sand	35	42
Medium Sand	42	52
Medium Sand Pea Gravel & Gravel	52	116

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



Landowner Name: Nat McKnight

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.

Clayton Miller 0-703 4-17-14 Clayton Miller  
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)

#### For Office Use Only:

Well #: A172  
 Aquifer: \_\_\_\_\_

County: LeFlore  
 Permit #: GW-47910  
 Driller: Michael Wells  
 Date completed: 4-12-14  
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>Nat McKnight</u>		Latitude:	<u>N33° 46' 51.46"</u>
Mailing Address:	<u>402 Sharp Ave</u>		Longitude:	<u>W90° 25' 17.33"</u>
			Method of Lat/Long (check one):	Conventional Survey _____
			USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Cleveland</u>	<u>MS</u>	<u>38732</u>	<u>NE 1/4 NE 1/4, Sec 17 T.22N R.02W</u>	
City	State	Zip Code	<u>2.5 Miles West of Mintona City</u>	
Telephone No. ( <u>662</u> )	<u>719-3133</u>		(Distance)	(Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-12-14 Rated Pump Capacity: 2500 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: 60 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 49 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown ((B) - (A)): N/A Feet Below Land Surface Test Pumping Rate: N/A 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: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

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.

Clayton Miller 0-703 4-17-14 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer