

MAR 29 2016

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: ~~C189~~
Aquifer: **D214**
E-Log #: _____

County: Waltham
Permit #: MS-BW-49175
Driller: Tommy Perceck Jr.
Date drilling completed: 3/21/16

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>Wynne Bush</u>	Latitude: <u>33.6867</u> Longitude: <u>90.3484</u>
Mailing Address: <u>49665 CR 559</u>	33 41 12.12 90 20 54.24
City: <u>Schlater</u> State: <u>MS</u> Zip Code: <u>38952</u>	Method of Lat/Long (check one): Conventional Survey _____
Telephone No. (<u>662</u>) <u>299-9997</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
	SE SW NE NW 13 18
	<u>5</u> Miles <u>North</u> of <u>Schlater</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1/18/16 Date drilling completed: 1/18/16 Hole depth: 120 Hole diameter: 16

Location of the source of any surface water used for drilling: Brake 200' South

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: 40 feet [above or below] land surface Date measured: 1/20/16

(circle one)

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 120⁵⁰ feet to 80¹²⁰ feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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County: Wetmore
 Permit #: MS-GW-44126

For Office Use Only:
 Well #: ~~C189~~ **D214**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

Fine sand	40'
Heavy sand	30'
Heavy sand & gravel	50'

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)
Fine Sand	Ground level	40'
Heavy Sand	40'	70'
Heavy Sand, Gravel	70'	120'

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: _____

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.

Tina Perrett Lic # - 3408 3/28/16

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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
(601)961-5210
(601)961-5228 (fax)

County: Leflore
 Permit #: MS-6W-49175
 Driller: Tammy Percock Jr
 Date completed: 3/21/16
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: D214
 Well #: C189
 Elevation: _____

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>Wayne Bush</u>	Latitude: <u>33°08'67"</u> Longitude: <u>90°34'84"</u>
Mailing Address: <u>49665 CR 559</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Schlater</u> MS <u>38952</u>	<u>SE 1/4 NE 1/4 Sec 13¹⁸ T 21N R 02W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 299-9997</u>	<u>5</u> Miles <u>North</u> of <u>Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>3/21/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tammy Percock Jr. Lic # - 3408
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer