

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 #: 8193
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 11-1-14

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 $33^{\circ} 21' 14''$ $90^{\circ} 24' 30''$
Owner Name: <u>Lewis Poindexter</u>	Latitude: <u>$33^{\circ} 21.24' N$</u> Longitude: <u>$090^{\circ} 24.05' W$</u>
Mailing Address: <u>P.O. Box 204</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
INVERNESS MS 38753	<u>SE</u> $\frac{1}{4}$ SW ^{NE} $\frac{1}{4}$, Sec <u>9</u> T <u>17N</u> R <u>2W</u>
City State Zip Code	<u>9 1/2</u> Miles <u>SE</u> of <u>meacham ms</u>
Telephone No. <u>(601) 265-5704</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data		
Date drilling started: <u>11-1-14</u>	Date drilling completed: <u>11-1-14</u> Hole depth: <u>110'</u> Hole diameter: <u>6 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>		
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorine Tablets</u>		
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____		
Name of organization running log(s): _____		
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump		
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____		
If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture		
Other (describe): _____		
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>28</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>11-2-14</u>		
(circle one)		
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonic water level meter</u>		
Well depth: <u>110'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix		
Casing length: <u>90</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC SCH 40</u>
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC slotted</u>
Screen slot size: <u>.013</u> inches	Setting depth: From <u>90'</u> feet to <u>110'</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development		
Other (describe): _____		
Top of lap pipe or reduction in casing: <u>- 0 -</u> feet		
If telescoped or more than one screen, describe on next page		

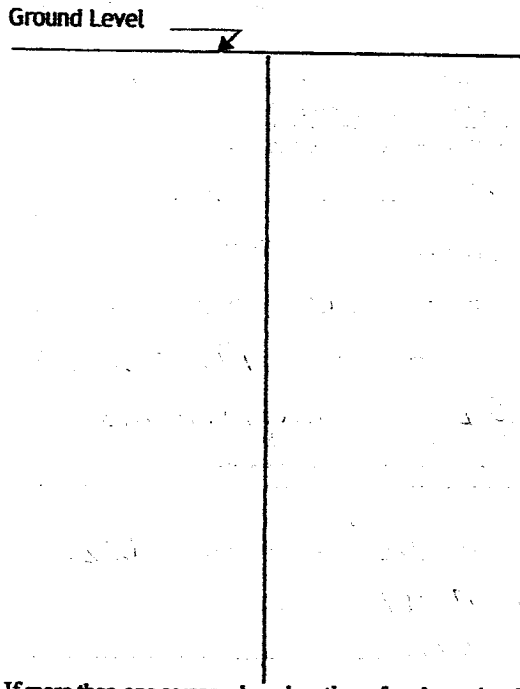
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County: Leflore
 Permit #: _____

For Office Use Only:
 Well #: P193

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)
Clay	Ground level	15
Brown sand	15	25
med. sand	25	40
coarse sand	40	75
Rock	75	76
Pea gravel & Rocks	76	110

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

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Landowner Name: Lewis Poidexter

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.

Willie L. Bryant 0-639 12-2-14 Willie L. Bryant

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 #: P193
Aquifer: _____

County: LeFlore
Permit #: _____
Driller: Willie Bryant
Date completed: 11-2-14
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>Lewis Poindexter</u>	Latitude: <u>33° 21.24' N</u> Longitude: <u>090° 24.05' W</u>
Mailing Address: <u>P.O. Box 204</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Inverness</u> City <u>MS</u> State <u>38753</u> Zip Code	_____/_____/_____, 1/4, Sec <u>9</u> T <u>17N</u> R <u>2W</u>
Telephone No. <u>(662) 265-5704</u>	<u>9 1/2</u> Miles <u>SE</u> of <u>Moorhead MS</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-2-14 Rated Pump Capacity: _____ 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: 1.5 Setting Depth: 60 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 11-2-14 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 28 Feet Below Land Surface Pumping Water Level (B): 32 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 32 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic water level meter

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.

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

Willie L Bryant 0-639 12-2-14 Willie L Bryant
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer