

Lincoln

281

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 #: E 28
Aquifer: _____
E-Log #: _____

County: Copiah
Permit #: _____
Driller: James M. Wells
Date drilling completed: 10-11-19

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>Lloyd Kern</u>	Latitude: <u>31° 41.48' N</u> Longitude: <u>90° 15.41' W</u>
Mailing Address: <u>3771 Timberlane Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wesson</u> <u>MS</u> <u>39191</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>2</u> T <u>8 N</u> R <u>9 E</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-11-19 Date drilling completed: 10-11-19 Hole depth: 150 Hole diameter: 7 1/2"
Location of the source of any surface water used for drilling: running creek
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
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

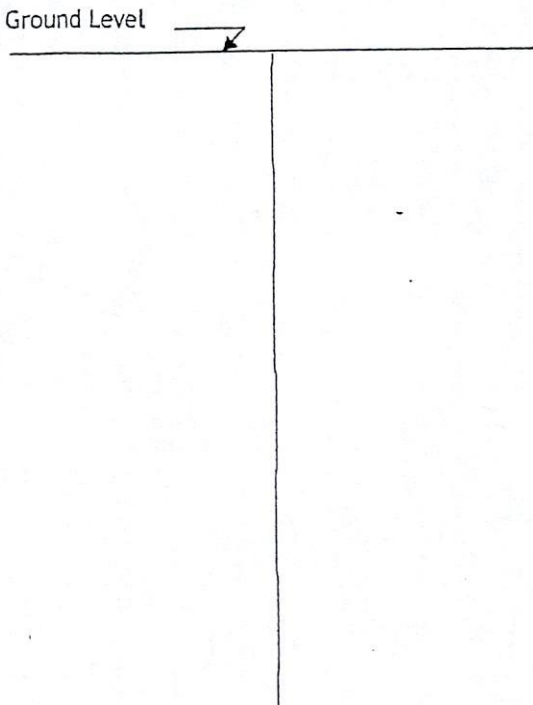
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 75 feet [above or below] land surface Date measured: 10-11-19
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 130 feet to 150 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

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

County: Copiah
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.



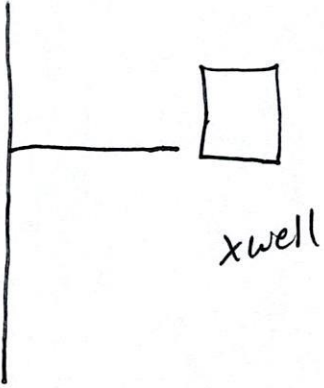
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	105
sand	105	150

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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 BY OLWR



Landowner Name: Lloyd Kern

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.

James M. Wells 00005889 12-11-19 James M. Wells
 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 #: E 28
Aquifer:

County: Lincoln
Permit #:
Driller: James M. Wells
Date completed: 10-11-19
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: Owner Name: Lloyd Kern, Mailing Address: 3771 Timberlane Rd. Wesson MS 39191
Well Location: Latitude: 31° 41.48' N, Longitude: 90° 15.41' W, Method of Lat/Long: Conventional Survey, USGS quad: NE 1/4 NE 1/4, Sec 2 T 8 N R 9 E

Pump Type (circle one): Submersible
Date Pump Installed: 10-11-19, Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 1, Setting Depth: 120 feet, Number of Stages: 14

Pump Test Data for Non Flowing Well
Date Well Tested: 10-11-19, Duration of Pump Test: 4 hours
Static Water Level (A): 75 Feet Below Land Surface, Pumping Water Level (B): 120 Feet Below Land Surface
Drawdown [(B) - (A)]: 85 Feet Below Land Surface, Test Pumping Rate: 17 Gallons Per Minute
Method of measurement (circle one): Steel tape

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.
James M. Wells 00005889 12-11-19 James M. Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer