

County: Howard
 Permit #: _____
 Driller: Don Clardy
 Date drilling completed: 8/6/13

State Well Report
Part I - Driller's Log
 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)

For Office Use Only:
 Aquifer: C157
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner
(Landowner if borehole is not for a water well)
 Owner Name: Ken Smith
 Mailing Address: P.O. Box 7952
Columbus, MS 39701
 City State Zip Code
 Telephone No. 662 386-3047

Well or Borehole Location
 Latitude: 33° 36' 46" Longitude: 88° 28' 36"
 Method of Lat/Long (circle one): Hand-held GPS
 USGS quad, NE 1/4 NE 1/4 Sec 12 Twn 17S Rn 19W
 Distance 2 1/2 Miles Direction NW of Nearest Town Columbus

Well / Borehole Data
 Date drilling started: 8/5/13 Date drilling completed: 8/6/13 Hole depth: 170' Hole diameter: 4"
 Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 # granular
 Logs run (circle all applicable): No 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 one): Home Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: _____
 If a flowing well, method of flow regulation: Valve ___ Other (describe) _____
 Static Water Level: 11' feet above below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 170 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 74 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .013 inches Setting depth: From 120 feet to 160 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: 5 feet. *If telescoped or more than one screen, describe on next page*

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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: Stouffville
 Permit #: _____
 Driller: Clardy
 Date completed: 8/8/13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C157
 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>Ken Smith</u>	Latitude: <u>N 33° 36.416</u> Longitude: <u>W 88° 28.366</u>
Mailing Address: <u>P.O. Box 7952</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 12 T17S R19W</u>
Telephone No. <u>662 386-3047</u>	Distance Direction Nearest Town <u>2 1/2 Miles NW of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8/8/13</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/8/13</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>11</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: <u>15</u> 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.

Donald B. Clardy 0-496 Donald B. Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 AUG 18 2013
 BY: [Signature]

Form: OLWR-SWR-1B (04/08)