

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)

County: Rowles
Permit #: _____
Driller: Clardy
Date drilling completed: 8/28/13

For Office Use Only:
Aquifer: _____
Well #: C158
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)	Well or Borehole Location
Owner Name: <u>Paul Wallace</u>	Latitude: <u>33° 36' 16" N</u> Longitude: <u>88° 29' 19" W</u>
Mailing Address: <u>746 Cliffside Way</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus, MS 39702</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 1 Twn 17S Rng 18W</u>
Telephone No. <u>662 889-0613</u>	Distance <u>2 3/4</u> Miles Direction <u>NW</u> of Nearest Town <u>Columbus</u>

Well / Borehole Data

Date drilling started: 8/27/13 Date drilling completed: 8/28/13 Hole depth: 127 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 or below (circle one) land surface Date measured: 8/28/13

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 127 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 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 87 feet to 127 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**

Form: OLWR-SWR-1A (04/09)

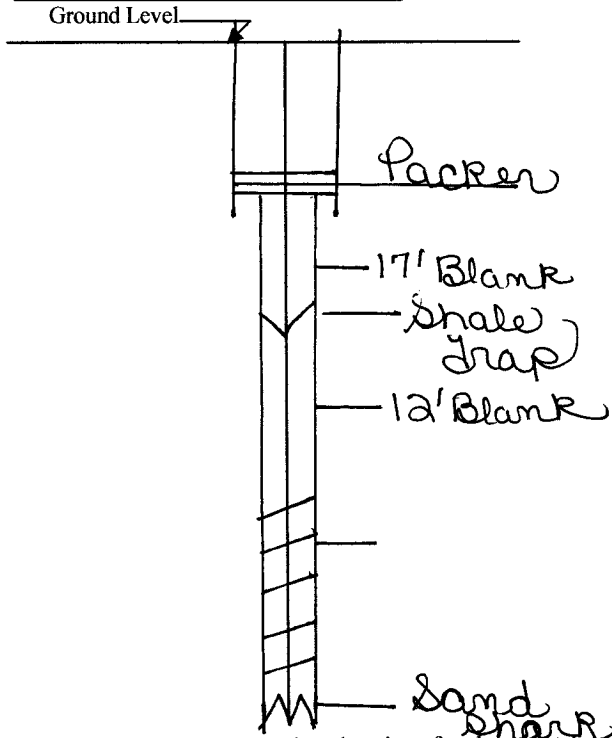
SEP 23 2013

BY: OLWR

The sketch below only required for water wells

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

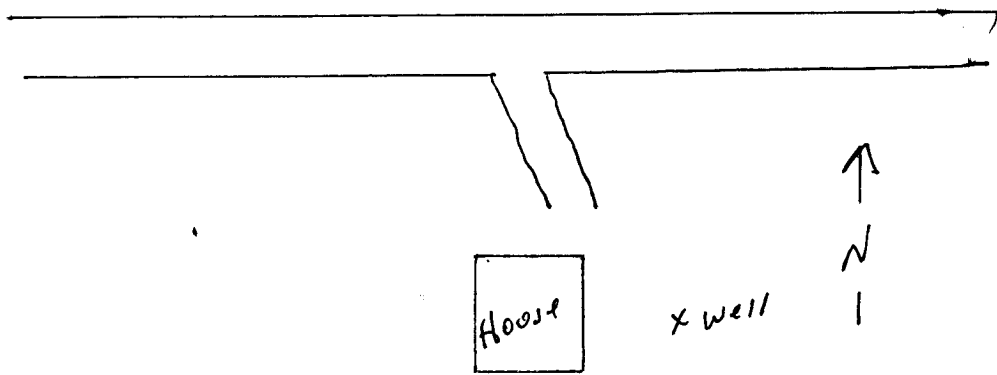
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown sandy clay	Ground Level	18
Gravel	18	30
Blue clay	30	55
clay	55	62
sandy clay	62	72
clay	72	76
sandy clay	76	90
sand streaks	90	126
clay	126	277

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) a north arrow.



Landowner Name: Paul Wallace

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

I 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.

UNR
Donald B. Clardy 000004969/19/13
Print Name of Responsible Licensee and License No. Date

Signature of Licensee RECEIVED
SEP 23 2013

BY: OLWR

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: Stovenden
 Permit #: _____
 Driller: Clardy
 Date completed: 8/29/13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C158
 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>Paul Wallace</u>	Latitude: <u>N 33° 36.766</u> Longitude: <u>W 088° 29.197</u>
Mailing Address: <u>746 Cliffords Way</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>662-889-0113</u>	Distance Direction Nearest Town <u>2 3/4 Miles NW of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8/29/13</u>	Setting Depth: <u>47</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>8/29/13</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
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: _____ 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 UNR 00000496 SEP 28 2013
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Donald B. Clardy
Form: OLWR-SWR-1B (04/08)