

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)961-5555
(601)961-5228 (fax)

County: Howard
Permit #: _____
Driller: Clardy Drull
Date drilling completed: 6/19/18

For Office Use Only:

Well #: C.161
Aquifer: _____
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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Phoebe Williams</u>	Latitude: <u>33° 34.187' N</u> Longitude: <u>088° 26.501' W</u>
Mailing Address: <u>P.O. Box 2886</u>	<u>33-34-41</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Columbia, MS 39102</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4, Sec 20 T.17S R.18W</u>
Telephone No. <u>205-579-0052</u>	<u>1 1/2</u> Miles <u>N</u> of <u>Columbia</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/18/18 Date drilling completed: 6/19/18 Hole depth: 160 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 RECEIVED

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: JUN 27 2018

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____ BY OLWR

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check 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: 21 feet above or below land surface Date measured: 6/20/18
(check one)

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

Well depth: 160 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 79 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From 115 feet to 155 feet

Type of completion (check all applicable) gravel packed underreamed open hole natural development

Other (describe): telescoped

Top of lap pipe or reduction in casing: 5 feet

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

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: Louisiana
 Permit #: _____
 Driller: Clardy Drell
 Date completed: 6/20/18
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C161
 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>Moody Williams</u>	Latitude: <u>35° 34' 68.7"</u> Longitude: <u>088° 26' 50.1"</u>
Mailing Address: <u>P.O. Box 2886</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> Survey-grade GPS
<u>Columbus, MS 39702</u>	USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 20 T 17S R 18 W</u>
Telephone No. <u>805-579-0052</u>	Distance Direction Nearest Town <u>1 1/2 Miles N of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6/20/18</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/20/18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>21</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 E0000496 Donald B. Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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BY OLWR