

County: Lauderdale
 Permit #: _____
 Driller: Clardy, Duane
 Date drilling completed: 7/21/17

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: _____
 Well #: G243
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ben Bontrager</u>	Latitude: <u>N 33° 29' 48"</u> Longitude: <u>W 088° 26' 28"</u>
Mailing Address: <u>341 Island Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Columbus, MS 39701</u>	USGS quad: <u>IR ¼ NE ¼ Sec. 29 Twn 19N Rng 18E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 574-0495</u>	<u>Miles of</u> <u>Inside city limits</u>
Well / Borehole Data	
Date drilling started: <u>7/20/17</u>	Date drilling completed: <u>7/21/17</u> Hole depth: <u>220'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>2 1/2 # granular</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18'</u> feet above or below (circle one) land surface Date measured: <u>7/21/17</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>220</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>105</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>167</u> feet to <u>207</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>5</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

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: Leflore
Permit #:
Driller: Clardy
Date completed: 7/24/17
Copy information from black on Part 1

For Office-Use Only:
Aquifer:
Well #: G243
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: Owner Name: Dem Bontrager, Mailing Address: 34 Island Rd., Columer, MS 39701, Telephone No. 662 574-0495
Well Location: Latitude: 33° 29' 45.8" N, Longitude: 88° 26' 27.12" W, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, IR 1/4 NE 1/4 Sec 29 T 19N R 18E, Distance: Inside City Limits

Pump Type: Jet, Submersible, Turbine, Flowing Well
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Other (specify):
Date Pump Installed: 7/24/17
Rated Pump Capacity: 20 Gallons Per Minute
Horse Power Rating of Motor: 1 1/2
Setting Depth: 100 feet
Number of Stages: 10

Pump Test Data: Date Well Tested: 7/21/17, Static Water Level (A): 18 Feet Below Land Surface
Method of Measuring Water Level: Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Donald Clardy, UNR 0000496, Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer
Form: OLWR-SWR-1B (04/08)