

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)

For Office Use Only:

Well #: G 244
Aquifer: _____
E-Log #: _____

County: Howards
Permit #: _____
Driller: Clardy Drill
Date drilling completed: 8/23/18

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>James W. Granderson</u>	Latitude: <u>N 33° 27' 14.8"</u> Longitude: <u>W 088° 23' 37.4"</u>
Mailing Address: <u>113 Pickensville Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS 39702</u>	<u>SE 1/4 SW 1/4, Sec 35 T 18 S R 18 W</u>
City State Zip Code	<u>1/4 Miles South of Columbus, MS</u>
Telephone No. <u>(662) 386-4359</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/22/18</u> Date drilling completed: <u>8/23/18</u> Hole depth: <u>162</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 (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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 all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Water for livestock</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>16</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8/23/18</u>
Method of measurement (check one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>162</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>84</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>102</u> feet to <u>142</u> feet
Type of completion (check all applicable): <input type="checkbox"/> gravel packed <input type="checkbox"/> underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u>Telescope</u>
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>

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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 2389
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Howards
 Permit #: _____
 Driller: Clardy
 Date completed: 8/27/18
Copy information from block on Part 1

For Office Use Only:

Applier: _____
 Well #: C244
 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>James Brandon</u> Mailing Address: <u>113 Pickemoreville Road</u> <u>Columbus, MS</u> <small>City State Zip Code</small> Telephone No. <u>662 386-4359</u>	Latitude: <u>N 33° 27' 48"</u> Longitude: <u>W 088° 23' 33"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 35 T 18S R 18W</u> Distance _____ Direction _____ Nearest Town _____ <u>1/4 Miles S of Columbus Ms</u>

Pump Type Circle one:	Power Type Circle one:
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8/27/18</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>60</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one:
Date Well Tested: <u>8/27/18</u> Static Water Level (A): <u>16</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shot is least: _____ 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.

Don Clardy UNR000000496 Don 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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