

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drilling  
 Date drilling completed: 8/26/15

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A60  
 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>Brian Barkodale</u>	Latitude: <u>N 33° 27' 399"</u> Longitude: <u>W 88° 18' 022"</u>
Mailing Address: <u>443 Barkodale Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Columbus, MS 39702</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 34 Twn 18S Rng 17W</u>
Telephone No. <u>(662) 574-8442</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Columbus</u>

**Well / Borehole Data**

Date drilling started: 8/24/15 Date drilling completed: 8/26/15 Hole depth: 227 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: 94 feet above or below (circle one) land surface Date measured: 8/27/15

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

Well depth: 227 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 152 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 020 inches Setting depth: From 187 feet to 227 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

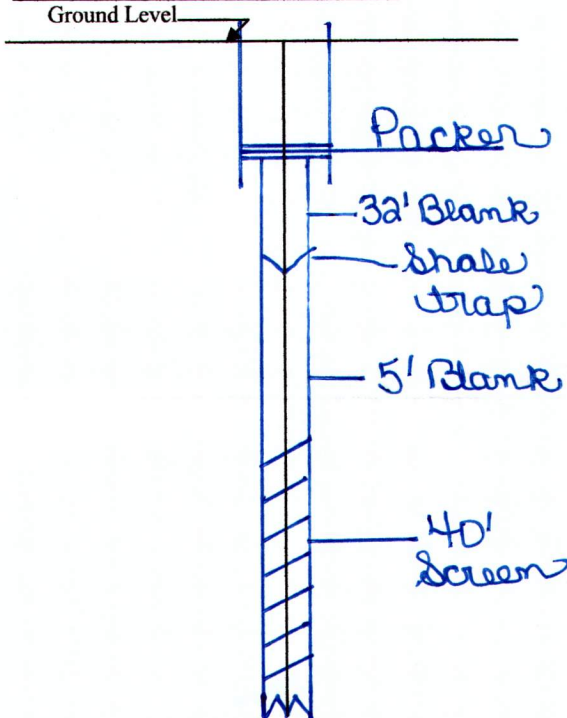
Top of lap pipe or reduction in casing: 5 feet. *If telescoped or more than one screen, describe on next page*

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

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 SEP 01 2015  
 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

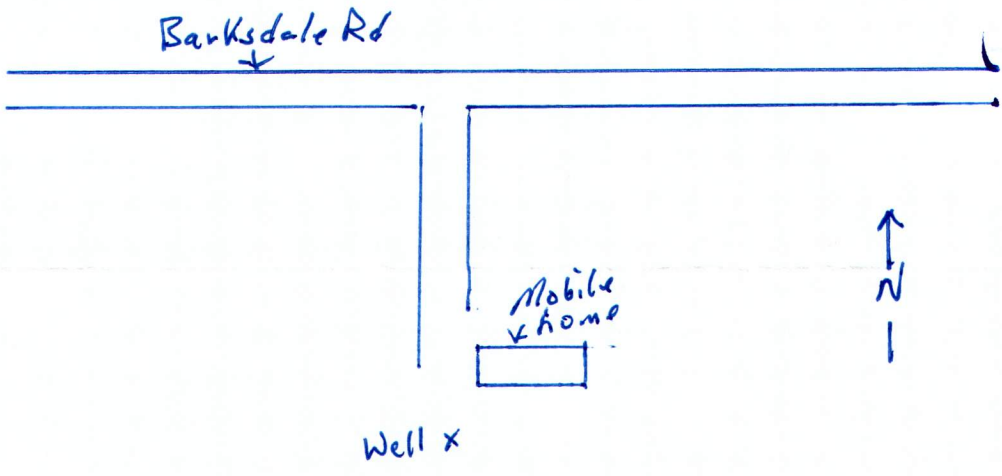


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Red clay	Ground Level	26
Blue clay	26	155
Sandy clay	155	162
Clay	162	182
Sand streaks	182	195
Sand	195	224
Clay	224	227

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: Brian Barksdale

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.

Print Name of Responsible Licensee and License No. Donald B. Clardy UNR00000  
 Date 8/31/15

Signature of Licensee [Signature]

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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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: H60  
 Aquifer: \_\_\_\_\_

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 8/27/15  
Copy information from block on Part 1

*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>Brian Barkodale</u>	Latitude: <u>N 32° 27.399</u> Longitude: <u>W 88° 18.028</u>
Mailing Address: <u>443 Barkodale Rd.</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>NW</u> ¼ <u>NE</u> ¼, Sec <u>34</u> T <u>18S</u> R <u>17W</u>
City State Zip Code	<u>5</u> Miles <u>SW</u> of <u>Columbus</u>
Telephone No. <u>662</u> <u>574-8442</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 8/27/15 Rated Pump Capacity: 15 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 140 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8/27/15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 94 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

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald B. Clardy WR00000496 8/31/15 Don Clardy  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

