

County: Howards  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date drilling completed: 9/2/15

**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 #: H 61  
 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>E. S. Street</u>	Latitude: <sup>N</sup> <u>33° 28' 63"</u> Longitude: <sup>W</sup> <u>88° 19' 315"</u>
Mailing Address: <u>122 Ben Christopher 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>N 1/4 SW 1/4 Sec 21 Twn 18S Rng 17W</u>
Telephone No. <u>662 328-2606</u>	Distance Direction Nearest Town
	<u>2 1/4 Miles East of Columbus</u>

**Well / Borehole Data**

Date drilling started: 9/1/15 Date drilling completed: 9/2/15 Hole depth: 316 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: 115 feet above or below (circle one) land surface Date measured: 9/2/15

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

Well depth: 316 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 203 2 1/4 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 276 feet to 316 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)

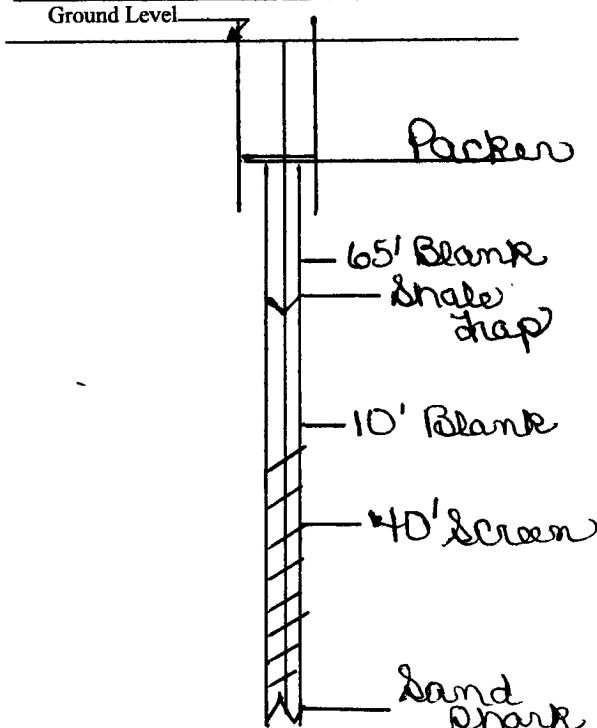
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

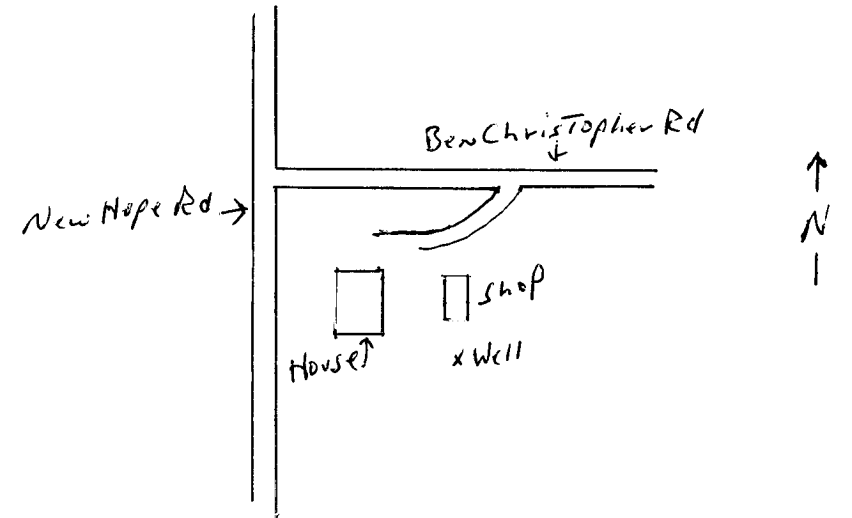


If more than one screen, show location of each on sketch

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	12
Gray gravel	12	30
Blue clay	30	200
Good clay	200	207
Sandy clay	207	210
Blue clay	210	270
Sandy clay	270	274
Sandstone	274	280
Clay	280	284
Sandstone	284	298
tan sand	298	304
Clay	304	311
Sand	311	313
Clay	313	314
Sand	314	
Clay		

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: E. L. Street

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. UNR Donald Clardy 00000496

Date 9/30/15

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 #: H61

Aquifer: \_\_\_\_\_

County: Stamford  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 9/3/15  
**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>E. J. Street</u>	Latitude: <u>33° 28.637</u> Longitude: <u>W 88° 19.315</u>
Mailing Address: <u>122 Bern Christopher 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 39102</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>2 1/4 Miles East of Columbus</u>
Telephone No. <u>(601) 328-2606</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9/3/15 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: 9/3/15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 115 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 Clardy UNR 00000496 9/30/15 Don Clardy

Print Name of Pump Installer and license No. (if applicable) Date Signature of Pump Installer