

County: Leflore
 Permit #: _____
 Driller: Clardy
 Date drilling completed: 8/31/17

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: H63
 Well #: _____
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>James Baswell</u> Mailing Address: <u>535 Mac Davis Rd.</u> <u>Columbus MS 39702</u> City State Zip Code Telephone No. <u>(662) 769-2032</u></p>	<p align="center">Well or Borehole Location:</p> <p>Latitude: <u>33° 28' 979"</u> Longitude: <u>88° 16' 848"</u> <u>33-28-59</u> <u>88-16-50</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>1R ¼ SE ¼ Sec 23 Twn 18S Rng 17W</u> Distance Direction Nearest Town <u>5</u> Miles <u>East</u> of <u>Columbus</u></p>
<p>Well / Borehole Data</p>	
Date drilling started: <u>8/20/17</u> Date drilling completed: <u>8/31/17</u> Hole depth: <u>282</u> Hole diameter: <u>4" B</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): <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ 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 one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>120</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>8/31/17</u> Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>282</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix Casing length: <u>186</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>242</u> feet to <u>282</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ <input checked="" type="checkbox"/> Telescoped _____ 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>	

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

County: Spencer
Permit #: _____
Driller: Clardy
Date completed: 9/1/17
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: H63
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 Baouel</u>	N- Latitude: <u>33° 28' 979"</u> Longitude: <u>W 088° 16' 848"</u>
Mailing Address: <u>535 Mpc Davis Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>59</u>
<u>Columbus MS 39702</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1R 1/4 SE 1/4 Sec 23 T 18S R 17W</u>
Telephone No. <u>(601) 7169-2032</u>	Distance Direction Nearest Town <u>5 Miles East of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> <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>1 hp</u>
Date Pump Installed: <u>9/1/17</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/1/17</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>120</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: <u>15</u> 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 Clardy UNR 00000496
Print Name of Pump Installer and License No. (if applicable)

Donald Clardy
Signature of Pump Installer