

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 #: H64
Aquifer: _____
E-Log #: _____

County: Lauderdale
Permit #: _____
Driller: Clardy Dull
Date drilling completed: 9/4/19

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>Josh Ward</u>	Latitude: <u>N 33° 30.853</u> Longitude: <u>W 88° 18.336</u> <u>33.514217</u> <u>88.305600</u>
Mailing Address: <u>2206 Labernacle Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Columbus, MS 39702</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>10</u> T <u>18S</u> R <u>17W</u>
Telephone No. <u>662 313-6968</u>	<u>1 1/2</u> Miles <u>East</u> of <u>Columbus</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9/3/19</u> Date drilling completed: <u>9/4/19</u> Hole depth: <u>200</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): <input type="checkbox"/> Water Well <input 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>36</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9/4/19</u> (check one)
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>200</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>121 1/2</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>160</u> feet to <u>200</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>Telescoped</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>

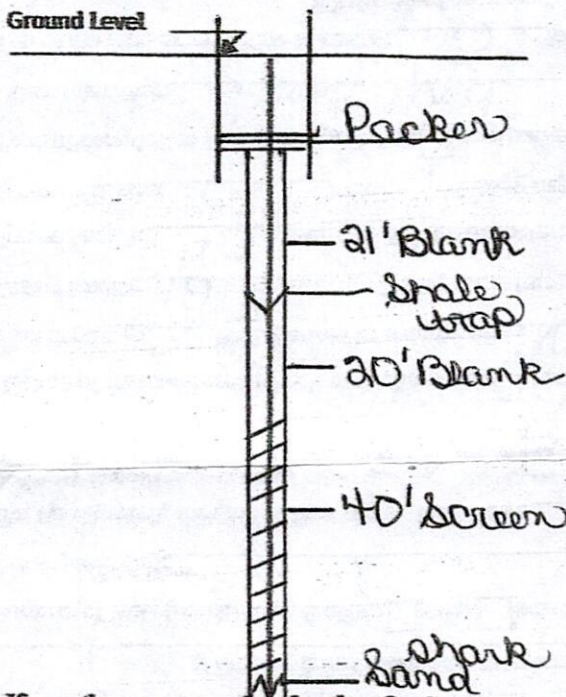
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County: Forrest
 Permit #: _____

For Office Use Only:
 Well #: H64

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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

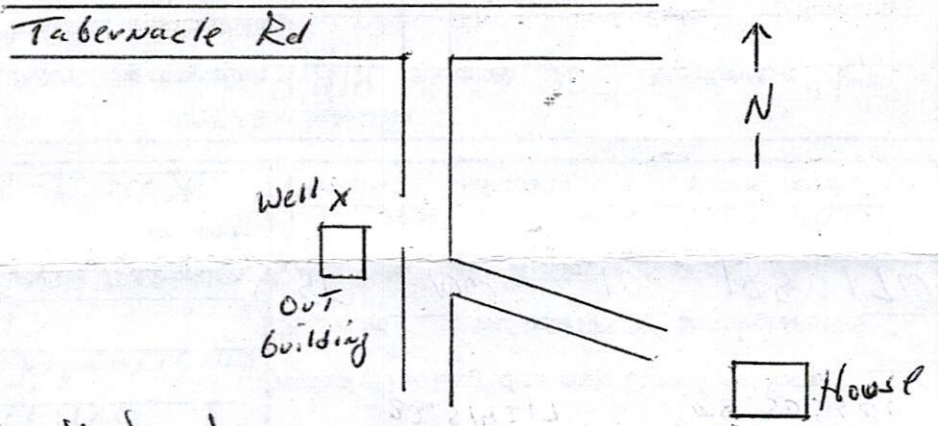


Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground level	4
Sand & gravel	4	22
Sandy blue clay	22	30
Blue clay	30	42
Soft sandy clay	42	60
Rocky clay	60	63
Clay	63	67 1/2
Rock	67 1/2	68
Clay	68	89
Sandy clay	89	93
Fair clay	93	102
Clay	102	116
Small rock	116	132
Clay	116	132
Rocky clay	132	141
Clay	141	179
Sand	179	193 1/2
Clay	193 1/2	200

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

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) north arrow



Landowner Name: Joan Ward

I HEREBY 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.

Don Clardy UNR00000496 9/17/19 Don Clardy
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Rowles
 Permit #: _____
 Driller: Clardy
 Date completed: 9/5/19
Copy information from block on Part 1

For Office Use Only:

Aquifer: H64
 Well #: _____
 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>Josh Ward</u> Mailing Address: <u>2506 Tabernacle Road</u> <u>Columbus, MS 39702</u> <small>City State Zip Code</small> Telephone No. <u>662 313-6968</u>	Latitude: <u>N 33° 30.853</u> Longitude: <u>W 088° 18.336</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ Distance _____ Direction _____ Nearest Town _____ <u>1 1/2 Miles East of Columbus</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>9/5/19</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>80</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/5/19</u> Static Water Level (A): <u>36</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> <input checked="" type="checkbox"/> 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.

Don Clardy UNR 00000496 Donald R. 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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