

087

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lauderdale
 Permit #: _____
 Driller: Allen & Miller Inc
 Date drilling completed: 4/6/15

For Office Use Only:
 Aquifer: J 41
 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>Rodney Dandy</u> Mailing Address: <u>P.O. Box 380</u> <u>Columbus, MS</u> City State Zip Code Telephone No. <u>(662) 251-6964</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>N 33° 25' 15.2"</u> Longitude: <u>W 88° 35' 07.5"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NE 1/4</u> Sec <u>24</u> Twn <u>18N</u> Rng <u>16E</u> Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Columbus, MS</u></p>
--	--

Well / Borehole Data

Date drilling started: 4/10/15 Date drilling completed: 4/11/15 Hole depth: 380 Hole diameter: 5"
 Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 gal / 1000 gal
 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: 110 feet above or below (circle one) land surface Date measured: 4/11/15
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 380 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 40 feet Casing diameter: 5 inches Type of casing: PVC
 Screen length: 100 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .020 inches Setting depth: From 280 feet to 380 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): air lift for 2+ Hrs.
 Top of lap pipe or reduction in casing: 240 feet. ***If telescoped or more than one screen, describe on next page***

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

RECEIVED
BY: OLWR

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: Jordan
 Permit #: _____
 Driller: Allen & Willie DeG
 Date completed: 4/11/15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 541
 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>Rodney Dawdy</u>	Latitude: <u>N33°25.152'</u> Longitude: <u>W88°35.075'</u>
Mailing Address: <u>P.O. Box 380</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, Ms</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> T <u>18N</u> R <u>16E</u>
Telephone No. <u>(662) 251-6564</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</u> of <u>Columbus Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 hp</u>
Date Pump Installed: <u>4/10/15</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after <u>2 hrs.</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Thomas B. Willis 0627 Thomas B. Willis
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer