

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 #: P 35
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: _____
Driller: Clayton Duvall
Date drilling completed: 7/3/18

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>Caleb Koehn</u>	Latitude: <u>N 33° 19' 02" 02</u> Longitude: <u>W 88° 23' 14" 39</u>
Mailing Address: <u>205 W. Phinnie</u> <u>Vaughn Road</u> <u>Columbus, MS 39101</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4, Sec 27 T17N R18E</u> <u>9</u> Miles <u>South of Columbus</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>662 242-2395</u>	

Well / Borehole Data
Date drilling started: <u>6/27/18</u> Date drilling completed: <u>7/3/18</u> Hole depth: <u>362'</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 # granulation</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): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> <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 checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input 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>78</u> feet <input type="checkbox"/> above, or <input checked="" type="checkbox"/> below land surface Date measured: <u>7/3/18</u> <small>(check one)</small>
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>362</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>116</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>242-262</u> feet to <u>282-302</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: Downs

Permit #: _____

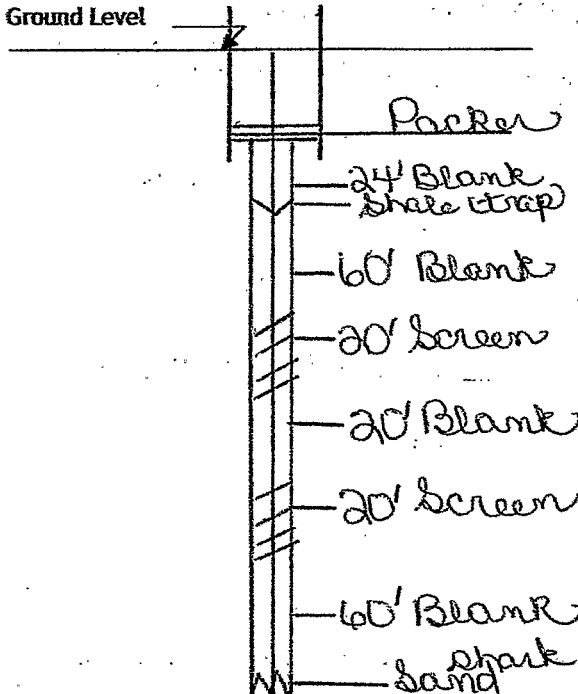
For Office Use Only:

Well #: P35

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

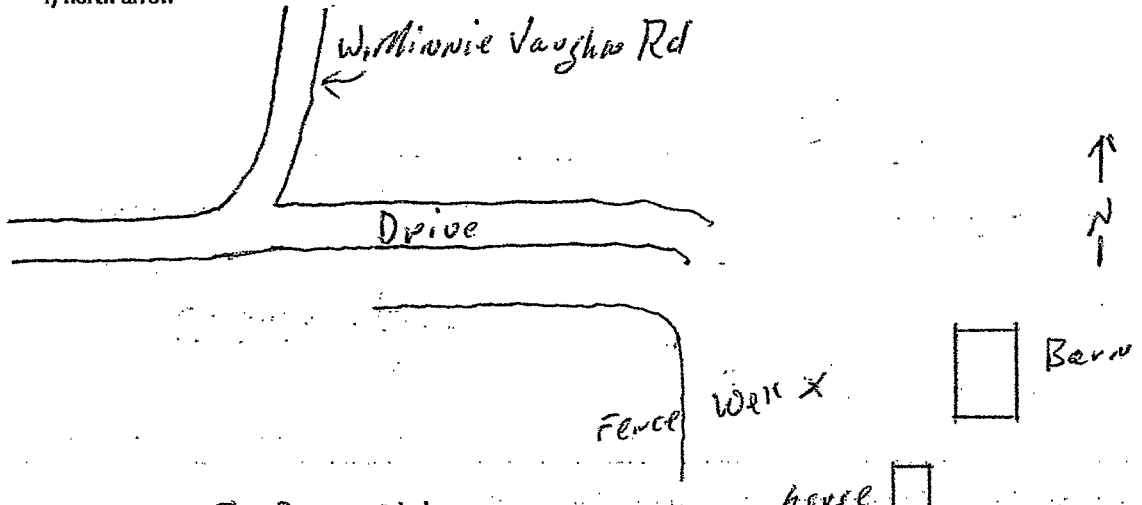


Description of Formations Encountered	From (depth)	To (depth)
Gray clay	Ground level	15
Blue clay	15	103 1/2
Rock	103 1/2	106 1/2
Clay	106 1/2	112
Sandy clay	112	125
Clay	125	148
Sandy clay	148	182
Rocky sand streak	182	202
Sandy clay	202	215
Clay	215	255
Rocky sand streak	255	262
Sandy clay	262	265
Clay	265	275
Sandy clay	275	289
Rocky sand streak	289	304
Clay	304	333
Sand streak	333	337
Sandy clay	337	342
Rocky sandy clay	342	362

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: Caleb Koehn

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 4NR00000496
Print Name of Responsible Licensee and License No.

7/23/18
Date

Don Clardy
Signature of Licensee

STATE WELL REPORT

County: Spokane
 Permit #: _____
 Driller: Clardy Drill
 Date completed: 7/5/18
Copy information from block on Part I

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)

For Office Use Only:

Aquifer: _____
 Well #: P35
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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

Owner Name: Caleb Koehn
 Mailing Address: 205 W. Minnie
Vaughn Rd. 39701
Columbus, MS
 City State Zip Code
 Telephone No. (662) 242-2395

Well Location

Latitude: 33° 19' 02" N Longitude: 088° 23' 39" W
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
NE 1/4 NE 1/4 Sec 27 T 17 N R 18 E
 Distance Direction Nearest Town
9 Miles South of Columbus

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7/5/18
 Rated Pump Capacity: 20 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 140 feet
 Number of Stages: 11

Pump Test Data

Date Well Tested: 7/5/18
 Static Water Level (A): 78' 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

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 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 UNR000000496 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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