

County: Madison
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 12-20-14

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 #: S43
 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>Jim Robertson</u>	Latitude: <u>32° 30' 27" N</u> Longitude: <u>90° 11' 17" W</u>
Mailing Address: <u>102 Chenal Ct</u>	Method of Lat/Long (circle one): Conventional Survey, _____
City: <u>Madison</u> State: <u>MS</u> Zip Code: <u>39110</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____
Telephone No. <u>(601) 898-3138</u>	<u>NW 1/4 SW 1/4 Sec 27</u> Twn <u>8N</u> Rng <u>1E</u>
	Distance: <u>3</u> Miles <u>NW</u> of <u>Madison</u>

Well / Borehole Data

Date drilling started: 11-20-14 Date drilling completed: 12-20-14 Hole depth: 780 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: None

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): DEQ

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: 20.5 feet above or below (circle one) land surface Date measured: 12-20-14

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

Well depth: 760 Well grouted to a depth of 35 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix

Casing length: 740 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 740 feet to 760 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

County: Madison
 Permit #: _____
 Driller: Will Barlow
 Date completed: 12-20-14
Copy information from block on Part 1

For Office Use Only:

Well #: S43
 Aquifer: _____

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>Tim Robertson</u>	Latitude: <u>32°30'27"N</u> Longitude: <u>90°11'17"W</u>
Mailing Address: <u>102 Chenal ct</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>Hand-held GPS</u> _____, Survey-grade GPS _____
<u>Madison</u> <u>MS</u> <u>39110</u>	USGS quad <u>NW 1/4 SW 1/4, Sec 27 T 8N R 1E</u>
City State Zip Code	<u>3</u> Miles <u>NW</u> of <u>Madison</u>
Telephone No. (601) <u>898-3138</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-20-14 Rated Pump Capacity: 55 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: 5 Setting Depth: 300 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 12-20-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 205 Feet Below Land Surface Pumping Water Level (B): 235 Feet Below Land Surface

Drawdown [(B) - (A)]: 30 Feet Below Land Surface Test Pumping Rate: 60 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: AUG 0 2017

Meter Model Number/Name: _____ Type of Meter: LYC WR

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.

Arnold Fincher Jr 0-560 12-20-14 [Signature]

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