

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)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: J130
 Aquifer: _____
 E-Log #: _____

County: Marion
 Permit #: _____
 Driller: James M. Wells
 Date drilling completed: 3-2-17

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 (Landowner if borehole is not for a water well) Owner Name: <u>Klass Reimer</u> Mailing Address: _____ <u>637 Branton Bay</u> <u>Fuxworth MS 39483</u> City State Zip Code Telephone No. (____) _____		Well or Borehole Location Latitude: <u>31°10.45N</u> Longitude: <u>89°59.22W</u> <u>31-10-45</u> <u>89-59-22</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE ¼ SE ¼, Sec 33 T 3N R 12E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data

Date drilling started: 3-2-17 Date drilling completed: 3-2-17 Hole depth: 200 Hole diameter: 7 1/8"
 Location of the source of any surface water used for drilling: running creek
 Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle 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.

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Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 115 feet [above or below] land surface (circle one) Date measured: 3-2-17
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 200 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 180 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 180 feet to 200 feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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

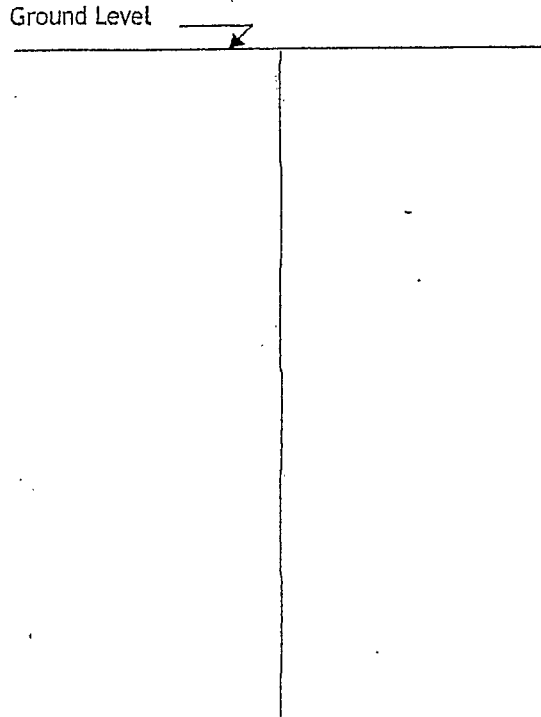
County: Marion
 Permit #: _____

For Office Use Only:
 Well #: J130

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

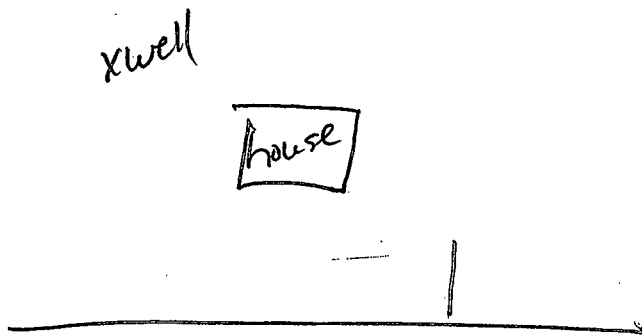


Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	160
sand	160	200

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



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Landowner Name: Klass Reimer

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.

James M. Wells 00005889 4-25-18 James M. Wells
 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Marion
 Permit #: _____
 Driller: James M. Wells
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: J130
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Klass Reimer</u> Mailing Address: _____ <u>637 Branton Bay</u> <u>Foxworth</u> <u>MS</u> <u>39483</u> City State Zip Code Telephone No. (____) _____</p>	<p style="text-align: center;">Well Location</p> <p><u>31-10-45</u> Well Location <u>89-59-22</u> Latitude: <u>31°10.45N</u> Longitude: <u>89°59.22W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>33</u> T <u>3N</u> R <u>12E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: Casing only Rated Pump Capacity: _____ 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: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: Casing only Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): _____ 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
 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: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 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

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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.

James M. Wells 00005889 4-25-18 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Casing only