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JUL 31 2018

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)

489

BY OLWR

County: Marshall
 Permit #: MS-GW-17393
 Driller: Rodney Tatum
 Date drilling completed: 6/27/18

For Office Use Only:
 Well #: A100
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Panattoni Development</u>	Latitude: <u>34-59-38</u> Longitude: <u>89-35-33</u>
Mailing Address: <u>7487 E Bellview Ave Suite 105</u>	Method of Lat/Long (check one): Conventional Survey _____
Denver <u>CO</u> <u>80237</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4, Sec 14 T 15 R 4W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-27 Date drilling completed: 6-27 Hole depth: 250 Hole diameter: 8"

Location of the source of any surface water used for drilling: city water

Method of dosing and volume of Chlorine used in drilling and development: 10 lbs powder / Mix and pour

Logs run (check all applicable): 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 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: _____ feet above or below land surface Date measured: _____
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 250 Well grouted to a depth of: 200 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 8 inches Type of casing: PVC sch 40

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC S

Screen slot size: _____ inches Setting depth: From 250 feet to 210 feet

Type of completion (check 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

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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)

For Office Use Only:

Well #: A100

Aquifer: _____

County: Marshall

Permit #: MS-GW-17393

Driller: Rodney Tatum

Date completed: 7-10-2018

Copy information from block on Part 1

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>Paranatti Development</u>	Latitude: <u>31.9938</u> Longitude: <u>-89.5925</u>
Mailing Address: <u>7887 E Bellview Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Suite 105</u>	SE <u>1/4</u> SW <u>1/4</u> , Sec <u>14</u> T <u>15</u> R <u>AW</u>
<u>Denver</u> <u>CO</u> <u>80237</u>	<u>3.84</u> Miles <u>SE</u> of <u>Piperton, TN</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. () _____	

Pump Type (check one)

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

Date Pump Installed: 7-20-2018 Rated Pump Capacity: 250 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 25 Setting Depth: 180 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: 7-20-2018 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 105 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 300 Gallons Per Minute

Method of measurement (check 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 (check 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.

Rodney Tatum UNR-00000000 7-

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