

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)964-5210
(601)360-0535 (TAX) (601)961-5228

County: MARSHALL
 Permit #: _____
 Driller: WILSON WELL COMPANY
JOHN LIX
 Date drilling completed: 9-11-17

For Office Use Only:
 Well #: B96
 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>DAVID SUTTON</u>			Latitude: <u>34-58-19</u> Longitude: <u>89-31-44</u> ?		
Mailing Address: <u>440 COORWOOD</u>			Method of Lat/Long (check one): Conventional Survey _____		
			USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>		
<u>BYHALIA</u>	<u>MS</u>	<u>38611</u>	<u>SW 1/4 NW 1/4, Sec 28 T 715 R R3W</u>		
City	State	Zip Code	<u>2 1/2</u> Miles <u>W</u> of <u>MT. PLEASANT</u>		
Telephone No. <u>(901) 383-0383</u>			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 9-11-17 Date drilling completed: 9-11-17 Hole depth: 160' Hole diameter: 4"

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: Direct

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: OCT 10 2017

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

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: 80 feet [above or below] land surface Date measured: 9-11-17

(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): PVC PIPE

Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 150 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet

If telescoped or more than one screen, describe on next page

Marshall Co.

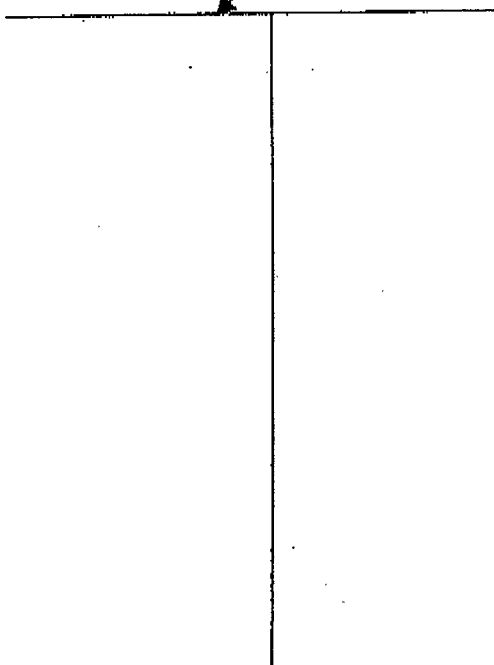
B96

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

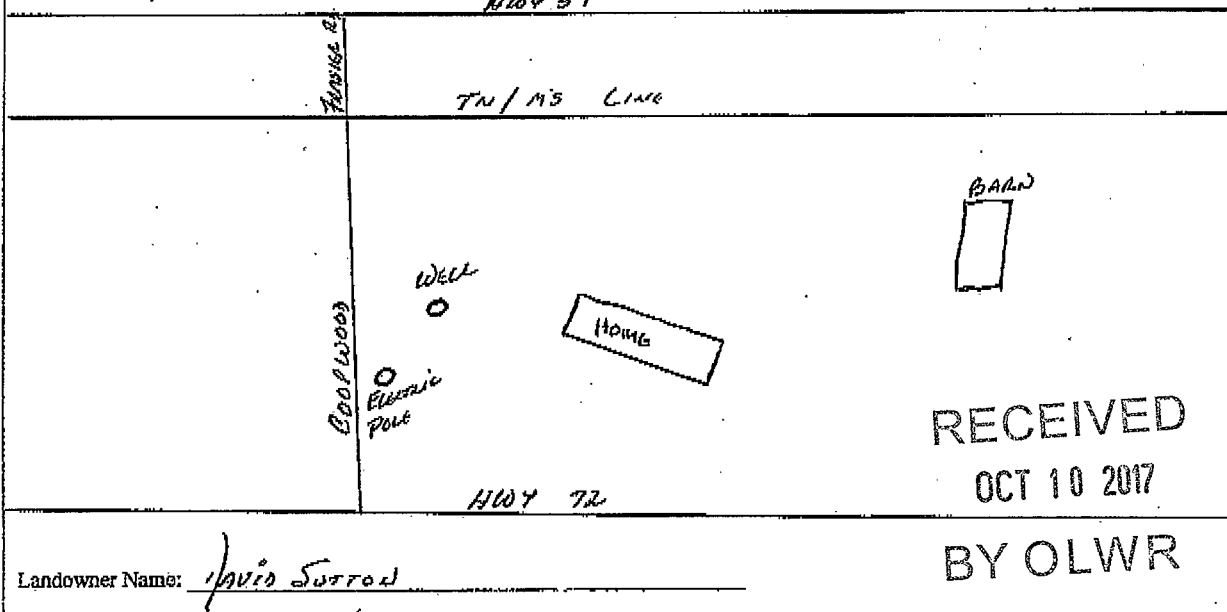
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
BROWN CLAY	Ground Level	15
SAND / CLAY	15	20
CLAY	20	40
BROWN SAND	40	60
SAND	60	80
SAND / CLAY	80	100
SAND	100	160

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) a north arrow.



Landowner Name: David Sutton

Form: OLWR-SWR-1A

I 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.

Rodney Wilson 565 9-15-17
Print Name of Responsible Licensee and License No. Date

[Signature]
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: MARSHALL
 Permit #: _____
 Driller: WILSON WELL CO
JOHN LAX
 Date completed: 9-15-17
 Copy information from block on Part 1

For Office Use Only:
 Well #: B96
 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>DAVID SUTTON</u>	Latitude: <u>34-58-19</u>		Longitude: <u>89-31-44</u>		
Mailing Address: <u>440 COOPWOOD</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>BYHALIA</u> <u>MS</u> <u>38611</u>	City State Zip Code		<u>SW 1/4 NW 1/4, Sec 28 T T15 R 13W</u>		
Telephone No. (901) <u>383-0383</u>	Telephone No. (901) _____		<u>2 1/2</u> Miles <u>W</u> of <u>MT PLEASANT</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9-11-17 Rated Pump Capacity: 22 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: 1 1/2 Setting Depth: 120 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 9-11-17 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 85 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 35 Feet Below Land Surface Test Pumping Rate: 22 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): OL PINS

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
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.
Ronny Wilson 565 9-15-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer