

440

County: MARSHALL
 Permit #:
 Driller: Wilson Well 565
 Date drilling completed: 8-2-19

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 #: C 54
 L. S. Elevation:
 F-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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JERRY BOOKER</u>	Latitude: <u>34° 58' 30.67"</u> Longitude: <u>89° 26' 24.23"</u>
Mailing Address: <u>786 NORTH SLAYDEN ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LAMAR</u> <u>MS</u> <u>38642</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>3229</u> Twn <u>15</u> Rng <u>26</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 827-1980</u>	<u>1/2</u> Miles <u>N</u> of <u>SLAYDEN</u>

Well / Borehole Data

Date drilling started: 8-2-19 Date drilling completed: 8-2-19 Hole depth: 190' 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: _____

Logs run (circle all applicable): (No 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 one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 8-2-19

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

Well depth: 190 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 160/26

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC .013

Screen slot size: .013 inches Setting depth: From 180 feet to 190 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: NA feet. *If telescoped or more than one screen, describe on next page*

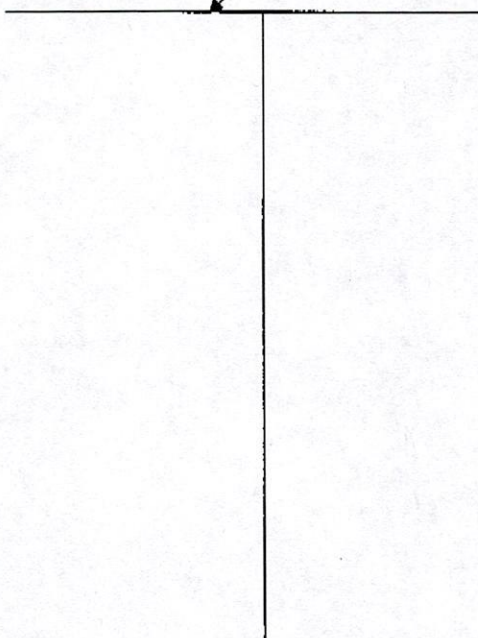
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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)
Brown clay / Red Sand	Ground Level	20
Brown clay / Red Sand	20	40
SAND - BROWN	40	60
SAND - BROWN - COARSE	60	80
SAND - WHITE	80	100
SAND - WHITE	100	120
SAND / CLAY	120	140
CLAY	140	150
SAND - WHITE	150	160
SAND - WHITE	160	190

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.

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HWY 72

Landowner Name: JERRY BOOKER

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

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 D. Wilson 0-418 87679

Print Name of Responsible Licensee and License No.

Date

Rodney D. Wilson

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
(601)961-5210
(601)961-5228 (fax)

County: MARSHALL
 Permit #: _____
 Driller: Wilson Well 565
 Date completed: 8-2-19
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C 54
 Elevation: _____

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>JERRY BOOKER</u>	Latitude: <u>34 58 30.67</u> Longitude: <u>-89 26 24.23</u>
Mailing Address: <u>786 NORTH SUNDEN ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CUMAR MS 38642</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 32 T 15 R 25</u>
Telephone No. <u>(901) 827-1980</u>	Distance Direction Nearest Town <u>1/2 Miles N of SUNDEN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-2-19</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>8-10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-19</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): <u>PVC PIPE</u>
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>8-10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rodney D Wilson 0-418 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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