

STATE WELL REPORT

County: Marshall
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 5-7-18

Part I
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39275-2309
 (601)961-5210
 (601)360-6535 (Fax)

For Office Use Only:

Well #: E281
 Aquifer: _____
 Ring #: _____

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>BUILDERS CONSTRUCTION</u>	Latitude: <u>34°53'25.05</u> Longitude: <u>89°37'31.64</u>
Mailing address: <u>1428 W. H. PERKINS</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>BYALIA MS 38611</u>	<input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4, Sec 21 T 25 R 4W</u>
Telephone No. <u>(662) 429-4603</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-7-18 Date drilling completed: 5-7-18 Hole depth: 122 Hole diameter: 8

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

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

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) _____

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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: 70 feet (above or below) land surface Date measured: 5-7-18
(circle one)

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

Well depth: 122 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 112 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 3.75 (60S) inches Setting depth: From 112 feet to 122 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

STATE WELL REPORT

Part 2

County: ADAMS
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-7-18
 Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39205-2309
 (601) 251-5710
 (601) 368-0555 (fax)

For Office Use Only:
 Well #: E281
 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 submitted to the Department of the Environment within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>BUILDERS CONSTRUCTION</u>	Latitude: <u>31°53'25.05</u> Longitude: <u>89°37' 31.64</u>
Mailing Address: <u>4013 WHIPPLE AVE</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>BY HILLIA</u> <u>MS-38611</u>	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 21 T2S R4W</u>
Telephone No. (662) <u>429-4603</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-7-18 Rated Pump Capacity: 10 Gallons Per Minute

Is this Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Wind Gasoline Manual Solar Other (describe): _____

Motor Power Rating of Motor: 3/4 HP 100 feet 100 Number of Stages

Pump Test Data for Non-Flowing Well

Date Well Tested: 5-7-18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (circle one): Stand type Electric tape Air line Other (describe): _____

Measured drawdown: _____ 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: _____

Tachometer Register Unit and Multiplier Factor (if x 100, gal x 1000, etc.): _____

Installation Date: _____ Meter installed by: _____

Is this Meter (circle one): New Repaired Replacement

* Important: By submitting this report you are certifying that this meter was tested in accordance with the manufacturer's instructions for operational use, a list of approved meters is on the back of this card.

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

BOB SMITH 0645 6-2-18 _____

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

Form DEWR-SWR-2A (4/13)

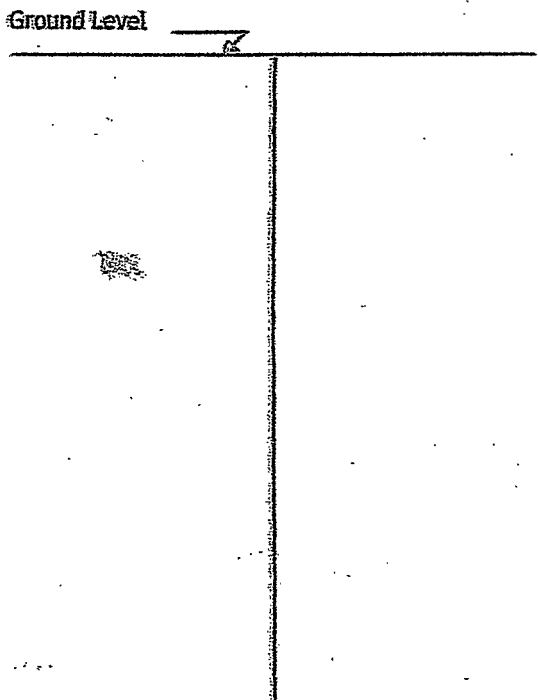
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County: MANSHALL
 Permit #: _____

For Office Use Only:
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The sketch below only required for water wells

If well telescopes, show depths on sketch.



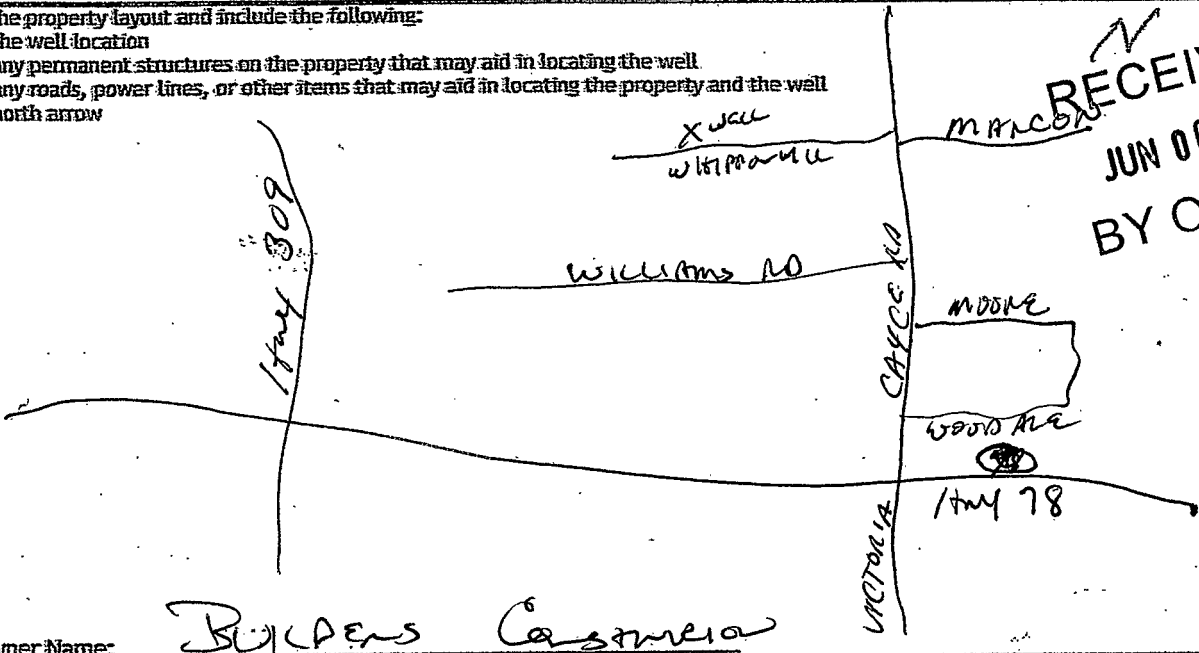
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
WHITE CLAY	5	60
WHITE CLAY SAND	60	80
WHITE SAND	80	122

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: BULLERS Casandra

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.

BOB SMITH 0645
 Print Name of Responsible Licensee and License No.

6-2-18
 Date

[Signature]
 Signature of Licensee