

County: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Duvall  
 Date drilling completed: 4/6/17

**State Well Report**  
**Part I - 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 #: P83  
 L. S. Elevation: \_\_\_\_\_  
 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.*

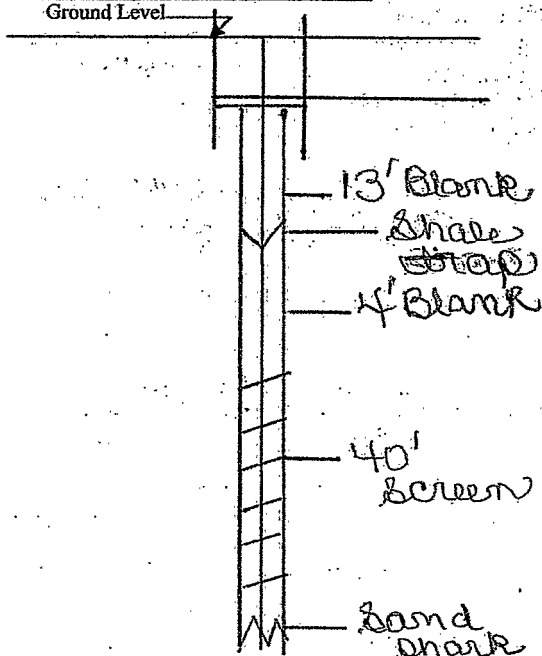
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Buddy Preston</u> Mailing Address: <u>10739 Oriacott Rd.</u> <u>Oberdorn, MS 39730</u> City State Zip Code Telephone No. <u>(601) 436-0327</u>	Latitude: <u>N 33° 46' 49"</u> Longitude: <u>W 88° 32' 40"</u> <u>33-46-30 88-32-24</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 14 Twn 15S Rng 7E</u> Distance <u>1 1/2</u> Miles <u>W</u> Direction of <u>Oberdorn</u> Nearest Town
Well / Borehole Data	
Date drilling started: <u>3/31/17</u> Date drilling completed: <u>4/6/17</u> Hole depth: <u>242</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: _____ Method of dosing and volume of Chlorine used in drilling and development: <u>2 1/2 # granular</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>81</u> feet above of below (circle one) land surface Date measured: <u>4/7/17</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>242</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>190</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.013</u> inches Setting depth: From <u>202</u> feet to <u>242</u> feet Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>5</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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.

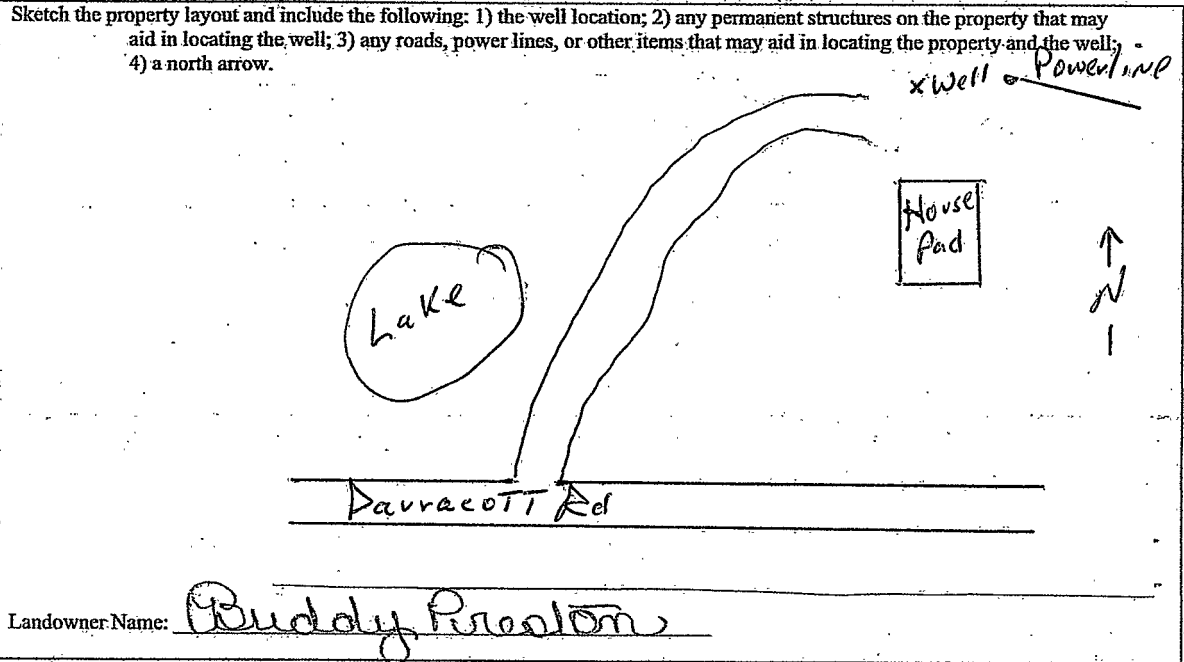


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Chert sandy clay	Ground Level	30
Sandy blue clay	30	69
Sandy clay	69	148
Blue clay	148	150
Sandy clay	150	169
Rock	169	169 1/2
Sandy clay	169 1/2	200
Small rock	200	200 1/2
Sand streak	200 1/2	220
Sandy clay	220	223
Sand streak	223	224
Sandy clay	224	236
Sand streak	236	239
Sandy clay	239	242

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.



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.

Donald Clardy UNRC0000496

4/17/17

*Donald Clardy*

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

County: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Diller  
 Date completed: 4/7/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P83  
 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>Buddy Preston</u>	Latitude: <u>N 33° 46' 49"</u> Longitude: <u>W 088° 32' 408"</u>
Mailing Address: <u>10739 Barncott Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>33-46-30</u> <u>88-32-24</u>
<u>Aberdeen MS 39130</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 14 T15S R 7E</u>
Telephone No. <u>662 436-0327</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>W</u> of <u>Aberdeen</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp.</u>
Date Pump Installed: <u>4/7/17</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/7/17</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>81</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Donald Clardy UNR00000496 Donald Clardy **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-3B (04/08)

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