

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: Q102
Aquifer: _____
E-Log #: _____

County: Monroe
Permit #: _____
Driller: Clardy Dull
Date drilling completed: 8/12/14

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>Ed Williamson</u>	Latitude: <u>N 33° 46' 42" 25</u> Longitude: <u>W 088° 29' 62" 37</u>
Mailing Address: <u>627 Camfield Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, Survey-grade GPS _____
<u>Columbus, MS 39022</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>1R</u> ¼ <u>NW</u> ¼, Sec <u>11</u> T <u>15S</u> R <u>19W</u>
Telephone No. (<u>662</u>) <u>327-3477</u>	<u>2</u> Miles <u>SE</u> of <u>Hamilton, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8/8/14 Date drilling completed: 8/12/14 Hole depth: 162 Hole diameter: 4"

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

Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 # granular

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) _____

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: 3' feet [above or (below) land surface] Date measured: 8/12/14
(circle one)

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

Well depth: 162' Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 122 feet to 162 feet

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

Other (describe): telescope

Top of lap pipe or reduction in casing: 5 feet

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

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)

For Office Use Only:

Aquifer: _____
 Well #: Q102
 Elevation: _____

County: Monroe
 Permit #: _____
 Driller: Clardy Drill
 Date completed: 8/13/14
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>Ed Williamson</u>	Latitude: <u>N 33° 46.412</u> Longitude: <u>W 088° 29.622</u>
Mailing Address: <u>627 Cornfield Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS 39102</u>	<u>1R 1/4 NW 1/4 Sec 11 T 18S R 12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 327-3477</u>	<u>2 Miles SE of Hammetton, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> 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>8/13/14</u>	Setting Depth: <u>40</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>8/13/14</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>3</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 B. Clardy UNR00000496
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

RECEIVED

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

AUG 25 2014

OLWR