

Mid-South

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 #: D30
Aquifer: _____
E-Log #: _____

County: Newton
 Permit #: GW17363
 Driller: AL Jones
 Date drilling completed: _____

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 (Landowner if borehole is not for a water well) Owner Name: <u>Duffee Water Ass</u> Mailing Address: _____ <u>12988 Chunky-Duffee Rd</u> <u>Little Rock MS 39337</u> City State Zip Code Telephone No. <u>(601) 774-0501</u>	Well or Borehole Location Latitude: <u>32° 32' 49"</u> Longitude: <u>89° 55' 29"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE 1/4 SW 1/4, Sec 12 T8N R13E</u> <u>One Miles South of Hwy 19 on Battlefield Rd</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 10-25-17 Date drilling completed: 1-24-18 Hole depth: 1010' Hole diameter: 12"

Location of the source of any surface water used for drilling: fire Hydrant on site

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: AUG 08 2018

Name of organization running log(s): MSDEQ

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: 203 feet (above or below land surface (circle one)) Date measured: 7-10-18

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

Well depth: 980 Well grouted to a depth of: 895 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 895 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 8 inches Type of screen: Rad based

Screen slot size: 0.020 inches Setting depth: From 900 feet to 980 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 840 feet

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

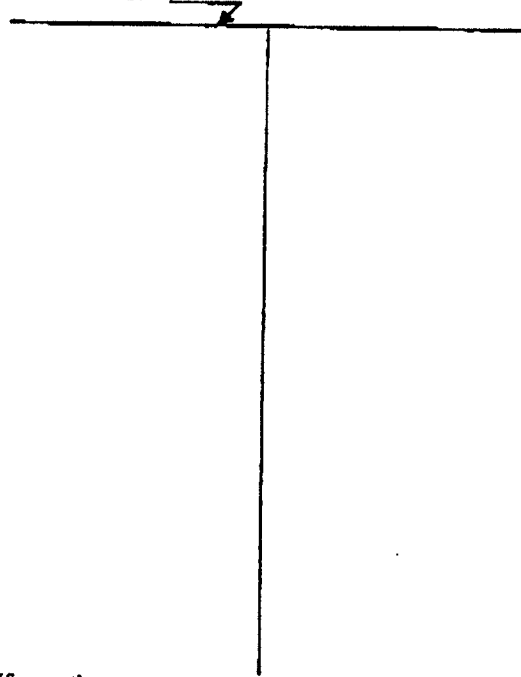
County: Newton
 Permit #: _____

For Office Use Only:
 Well #: D3C

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

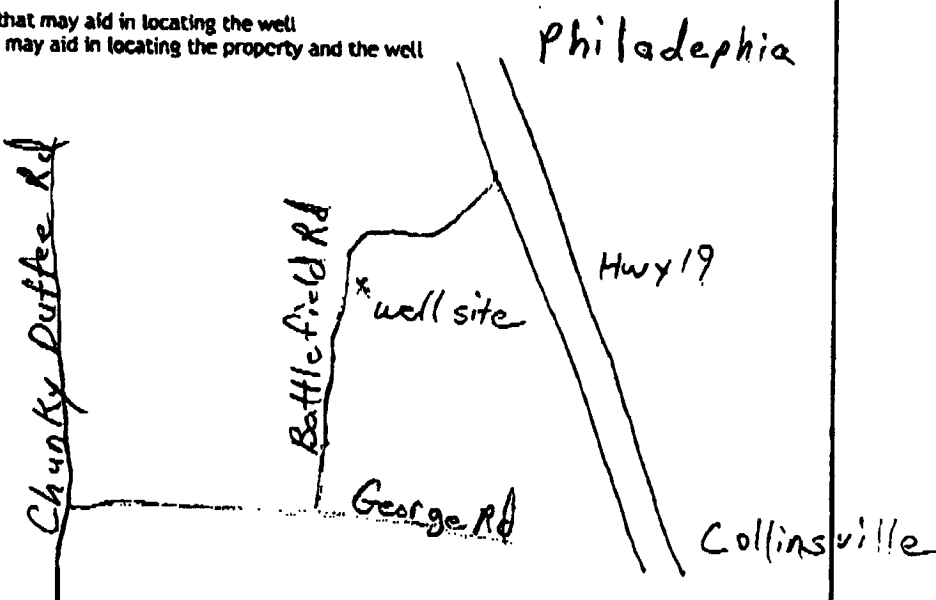
Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	26
Sandy Clay	26	40
Sand	40	50
Sandy Clay	50	153
Sandy clay with lignite	153	
Sandy Clay	630	827
Sand	827	867
Clay with Sand	867	897
Sand	897	1012

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: _____

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.

Clayton Miller 0703 8-16-18 Clayton Miller
 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: D3C

Aquifer: _____

County: Newton
 Permit #: _____
 Driller: Al Jones
 Date completed: _____
 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>Duffee Water Ass.</u>	Latitude: <u>32° 32' 49"</u> Longitude: <u>88° 55' 29"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>12988 Chunky - Duffee Rd.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Little Rock MS 39337</u>	<u>SE 1/4 SW 1/4, Sec 12 T. 8N R. 13E</u>
City _____ State _____ Zip Code _____	<u>One Miles South of Hwy 19 on Battlefield Rd</u>
Telephone No. <u>(601) 774-0501</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-1-18 Rated Pump Capacity: 500 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: 50 Setting Depth: 300 feet Number of Stages: 7

Pump Test Data for Non Flowing Well
 Date Well Tested: 7-10-18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 203 Feet Below Land Surface Pumping Water Level (B): 214 Feet Below Land Surface
 Drawdown [(B) - (A)]: 11 Feet Below Land Surface Test Pumping Rate: 500 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: 60 PSI
 Well yielded 500 GPM with a drawdown of 11 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: Mc Crometer Meter Serial Number: 20171998
 Meter Model Number/Name: ML04-96 Type of Meter: Propeller meter
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gallons x 1000
 Installation Date: 6-1-18 Meter installed by: Mid South Water
 Is This Meter (circle one): New Repaired Replacement

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BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 8-16-18 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer