

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 #: K-63
Aquifer: _____
E-Log #: _____

County: Paula
Permit #: MS-GW-49594
Driller: Tommy Peacock Sr
Date drilling completed: 6-23-16

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) | Well or Borehole Location |
|---|--|
| Owner Name: <u>Bart Beard</u> | Latitude: <u>34°24'16</u> Longitude: <u>W 90°08'26</u> |
| Mailing Address: <u>14975 Ballentine Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Sardis</u> MS <u>38666</u> | <u>NE 1/4 NW 1/4, Sec 10 T 08S R 09W</u> |
| City State Zip Code | <u>1</u> Miles <u>W</u> of <u>Faleon</u> |
| Telephone No. () _____ | (Distance) (Direction) (Nearest Town) |

| Well / Borehole Data |
|---|
| Date drilling started: <u>6-23-16</u> Date drilling completed: <u>6-23-16</u> Hole depth: <u>115'</u> Hole diameter: <u>24"</u> |
| Location of the source of any surface water used for drilling: <u>nearby ditch</u> |
| Method of dosing and volume of Chlorine used in drilling and development: <u>when filling pit</u> |
| Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ |
| Name of organization running log(s): _____ |
| Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Irrigation Fish Culture |
| Other (describe): _____ |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ |
| Static Water Level: <u>32'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6-23-16</u> |
| Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape Air line Other (describe): _____ |
| Well depth: <u>115'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix |
| Casing length: <u>75</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> |
| Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> |
| Screen slot size: <u>1.032</u> <u>1.050</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development |
| Other (describe): _____ |
| Top of lap pipe or reduction in casing: _____ feet |


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JUL 13 2016
By OLWR

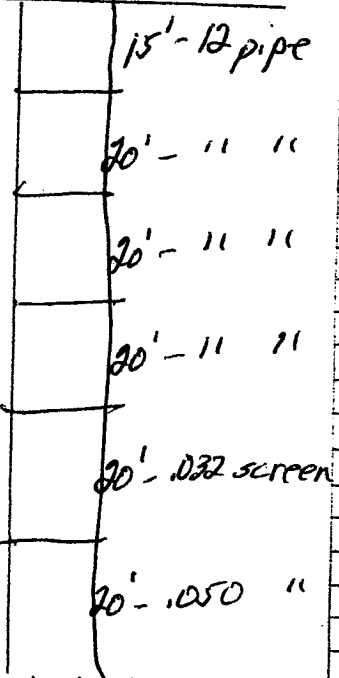
County: Panola
 Permit #: MS-GW-49594

For Office Use Only:
 Well #: 163

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) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Topsoil & clay | 0 | 15 |
| fine sand | 15 | 35 |
| coarse sand | 35 | 65 |
| coarse sand & gravel | 65 | 95 |
| coarse sand | 95 | 115 |
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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: Bart Beard

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.

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)

| |
|--|
| County: <u>PANOLA</u> |
| Permit #: <u>GW-49594</u> |
| Driller: <u>TOMMY PEACOCK SR</u> |
| Date completed: <u>6-23-16</u> |
| <i>Copy information from block on Part 1</i> |

| |
|-----------------------------|
| For Office Use Only: |
| Well #: <u>1603</u> |
| 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 attached and both parts filed with the Department at the above address within 30 days of well completion.

| | |
|---|--|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>BART BEARD</u></p> <p>Mailing Address: <u>14975 BALLENTINE RD</u></p> <p><u>SARDIS</u> <u>MS</u> <u>38666</u> City State Zip Code</p> <p>Telephone No. <u>(602) 514-2942</u></p> | <p style="text-align: center;">Well Location</p> <p>Latitude: <u>34° 24' 17"</u> Longitude: <u>90° 08' 26"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>NE</u> ¼ <u>NW</u> ¼, Sec. <u>10</u> T. <u>08S</u> R. <u>09W</u></p> <p><u>4.6</u> Miles <u>SSE</u> of <u>SLEAZE</u> (Distance) (Direction) (Nearest Town)</p> |
|---|--|

| |
|---|
| Pump Type (circle one) |
| Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____ |
| Date Pump Installed: <u>7-2-16</u> Rated Pump Capacity: <u>800</u> Gallons Per Minute |
| Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement |

| |
|---|
| Power Type (circle one) |
| Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____ |
| Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>2050</u> feet Number of Stages: <u>3</u> |

| |
|--|
| Pump Test Data for Non Flowing Well |
| Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours |
| Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute |
| Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ |

| |
|---|
| Pump Test Data for Flowing Well |
| Measured shut in head: _____ 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: _____ |
| Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ |
| Installation Date: _____ Meter installed by: _____ |
| Is This Meter (circle one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement |
| <i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer specifications. For agricultural wells, a list of approved meters is on the MDEQ website.</i> |

Received

| | |
|--|----------------------------------|
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. | JUL 20 2016 |
| <u>DAVID P. HOLT 0-752P</u> <u>7-12-16</u> | |
| Print Name of Pump Installer and License No. (if applicable) | Date Signature of Pump Installer |

By OLWR

Form: OLWR-SWR-1B (4/13)

16-0612