

165

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 #: K68
L. S. Elevation: _____
E-log #: _____

County: Panola
Permit #: MS-GW-50297
Driller: Chad Mattox
Date drilling completed: 8-7-18

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>Sarah B. Harris</u>	Latitude: <u>34° 24' 17"</u> Longitude: <u>90° 09' 30"</u>
Mailing Address: <u>3147 Holly Grove Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Sardis</u> MS State Zip Code: <u>38666</u>	USGS quad, <u>SW NW</u> 1/4 <u>NW</u> 1/4 Sec <u>09</u> Twn <u>08S</u> Rng <u>09W</u>
Telephone No. () _____	Distance: <u>3.8</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Sledge</u>

Well / Borehole Data

Date drilling started: 8-7-18 Date drilling completed: 8-7-18 Hole depth: 120' Hole diameter: 24"

Location of the source of any surface water used for drilling: _____
 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: _____
 Name of organization running log(s): _____

Purpose of borehole (check 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 (check one): Home ___ Industrial ___ Public Supply ___ Irrigation X Fish Culture ___ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 8-17-18

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 120' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →	
20'	casing
20'	casing
20'	casing
20'	casing
20'	screen
20'	screen

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)
TOP Soil	Ground Level	10
course sand	10	20
med. sand/pea gravel	20	30
med. sand/pea gravel	30	40
med. sand/pea gravel	40	50
med. sand/pea gravel	50	60
fine sand - med. sand	60	70
med. sand/pea gravel	70	80
med. sand/pea gravel	80	90
med. sand/p.g./gravel	90	100
med. sand/p.g./gravel	100	110
med. sand/p.g./gravel	110	120

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) a north arrow.

Landowner Name: _____

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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

Chad Mott UNK-8243 9/1/18 *Chad Mott*
 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 #: K.68
 Aquifer: _____

County: Panola
 Permit #: MS-GW-50297 ✓
 Driller: Chad Mattox
 Date completed: 8-7-18
 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>Sarah B. Harris</u>	Latitude: <u>34 24 17</u> Longitude: <u>90 09 30</u>
Mailing Address: <u>3147 Holly Grove Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sardis</u> <u>MS</u> <u>38666</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ^{SW} <u>1/4</u> <u>NW</u> ^{1/4} , Sec <u>09</u> T <u>08S</u> R <u>09W</u>
Telephone No. (____) _____	<u>3.8</u> Miles <u>SE</u> of <u>Sledge</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-8-18 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 21 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 Electric tape Air line 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): _____

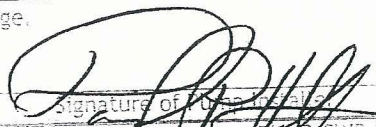
Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT 0-752 P 8-27-18
 Print Name of Pump Installer and License No. (if applicable) Date


 Signature of _____

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