

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

For Office Use Only:

Aquifer: _____

Well #: B106

L. S. Elevation: _____

E-log #: _____

County: Perry

Permit #: _____

Drillers: David L. Cain

Date drilling completed: 4/9/2018

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)

Owner Name: Scott Herring

Mailing Address: 46 Loop Rd.

Richton MS 39476
City State Zip Code

Telephone No. (601) 606-8852

Well or Borehole Location

Latitude: 31° 21' 54" Longitude: 88° 52' 12"

Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS

USGS quad, N 1/4 10 1/4 Sec 26 Twn 5 N Rng 10 W

Distance 2 Miles NW Direction of Richton MS Nearest Town

Well / Borehole Data

Date drilling started: 4/6 Date drilling completed: 4/9 Hole depth: 160 Hole diameter: 4"

Location of the source of any surface water used for drilling: Richton City water
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 Fish Culture Other: _____

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4/7/2018

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 140 feet to 160 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

Southern MS Water Well Drilling
Lic# 0-831

Form: OLWR-SWR-1A (04/08)
Randall Cain
5/7/2018

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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: Perry
 Permit #: _____
 Driller: David H. Cain
 Date completed: 4/9/2018
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B106
 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>Scott Herring</u>	Latitude: <u>31°21'54"</u> Longitude: <u>88°58'12"</u>
Mailing Address: <u>46 Loop Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Richton MS 39476</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 606-8852</u>	<u>N 1/4 W 1/4 Sec 26 T5N R10W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N/W</u> of <u>Richton MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-7-2018</u>	Setting Depth: <u>155</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-7-2018</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>70</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>70</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Southern M Water Well Drilling Russell Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

License 0-831

5-7-2018

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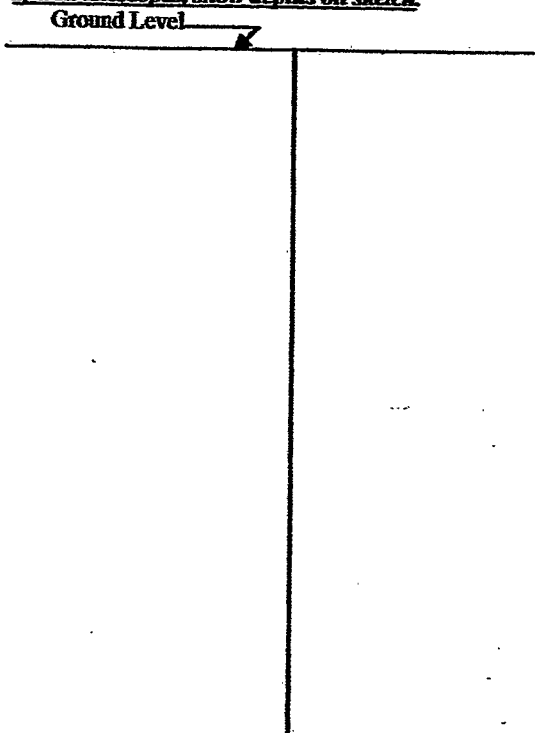
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

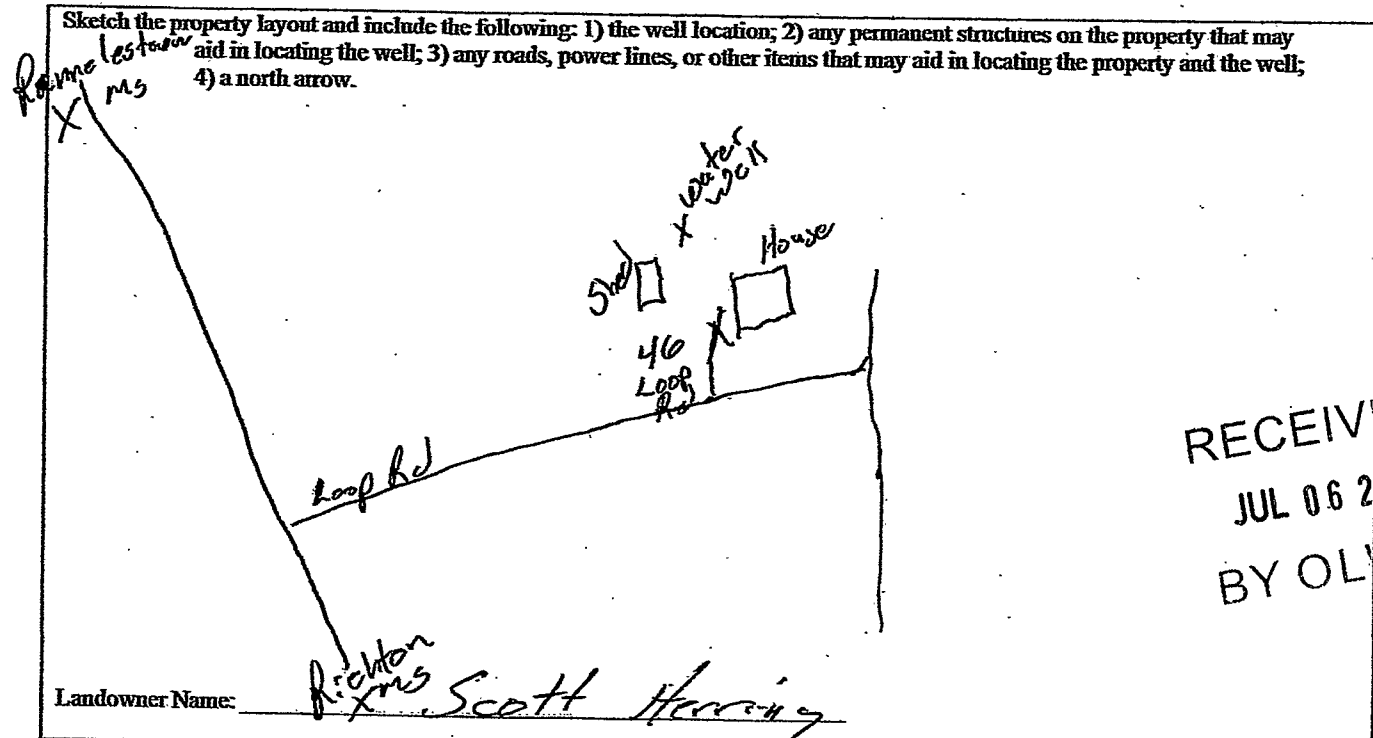


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground Level	28
Same	28	40
Clay	40	140
Sand	140	160

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: Richton ms Scott Herring

Form: OLWR-SWR-IA (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.

Southern MS Water Well 5/7/2018 Randall C. [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee
Drilling O-831