

Well #2

County: Perry
 Permit #: _____
 Driller: David L. Caden
 Date drilling completed: 6/5/2018

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 #: B108
 L. S. Elevation: _____
 E-log #: _____

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>Dustin Stokes</u>	Latitude: <u>31° 23' 57"</u> Longitude: <u>88° 57' 07"</u>
Mailing Address: <u>207 Gator Wood Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Richton Ms 39474</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>N</u> ^{SE} <u>E</u> ^{NW} <u>W</u> ^{SW} <u>SE</u> ^{SW} <u>SW</u> ^{SW} <u>SW</u>
Telephone No. <u>(601) 408 3319</u>	<u>1/4</u> Sec <u>13</u> Twn <u>10W</u> Rng <u>5N</u>
	Distance: <u>4</u> Miles Direction: <u>North of</u> Nearest Town: <u>Richton MS</u>

Well / Borehole Data

Date drilling started: 6-1 Date drilling completed: 6-4 Hole depth: 150' Hole diameter: 4"

Location of the source of any surface water used for drilling: North Perry Co. Water Association

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: Chicken Farm

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 6/5/2018

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

Well depth: 150' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 130 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 130 feet to 150 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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Southern Ms Water Well Drilling
Lic # 0-831
6/30/2018
 Form: OLWR-SWR-1A (04/08)

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 L. Cain
 Date completed: 6/5/2018
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B108
 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>Dustin Stokes</u>	Latitude: <u>31°23'57"</u> Longitude: <u>88°57'07"</u>
Mailing Address: <u>207 Gator Wood Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Richton Ms 39476</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>N^{SE} 1/4 E^{NW} 1/4 Sec 13 T10W R5N 10W</u>
Telephone No. <u>(601) 408 3319</u>	Distance Direction Nearest Town <u>4 Miles North of Richton Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>6/5/2018</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-5-2018</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>45</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 Ms Water Well Drilling Ronald L. Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

License 0-831 6/30/2018

Well #2

