

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 #: C86
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: David L. Cain
Date drilling completed: 5-29-2017

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 # 1

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Troy Thompson</u> Mailing Address: <u>171 Mosco cut Rd</u> <u>Richton MS 39476</u> City State Zip Code Telephone No. <u>(601) 788 4119</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW NW</u> <u>N 1/4 W 1/4</u> Sec <u>7</u> Twn <u>5N</u> Rng <u>9W</u> Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Richton MS</u>

Well / Borehole Data

Date drilling started: 5-22 Date drilling completed: 5-29 Hole depth: 380 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. well
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) Chicken hoses

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 5/29/17

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

Well depth: 380 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 320 feet to 380 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: 300 feet. *If telescoped or more than one screen, describe on next page*

Southern MS water well Drilling 6/27/2017 Randall Cain
Lic # 0-3831

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)

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

County: Perry
 Permit #: _____
 Driller: David L. Cain
 Date completed: 5-29-2017
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.

#1 Well

Well Owner Information	Well Location
Owner Name: <u>Troy Thompson</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u>
Mailing Address: <u>171 Moser Ct 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 1/4 W 1/4 Sec 7 T5-N R9-W</u>
Telephone No. <u>(601) 788 4119</u>	Distance Direction Nearest Town
	<u>5 Miles North of 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: <u>5 hp</u>
Date Pump Installed: <u>5-29-2017</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-29-2017</u>	RECEIVED
Static Water Level (A): <u>110</u> Feet Below Land Surface	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	Other (specify): <u>String BY OLWR</u>
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>90</u> Gallons Per Minute	Well yielded <u>90</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>40</u> feet after <u>4</u> hours of pumping

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

Southern Ms Water Well Drilling David L. Cain 6/27/2017
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

#0-3831

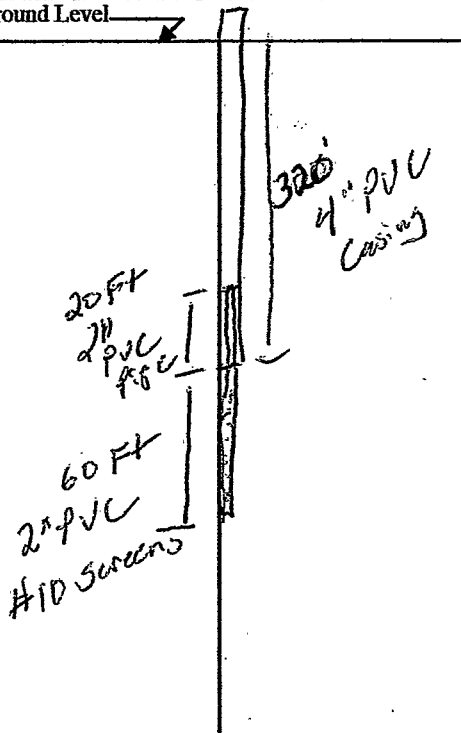
The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

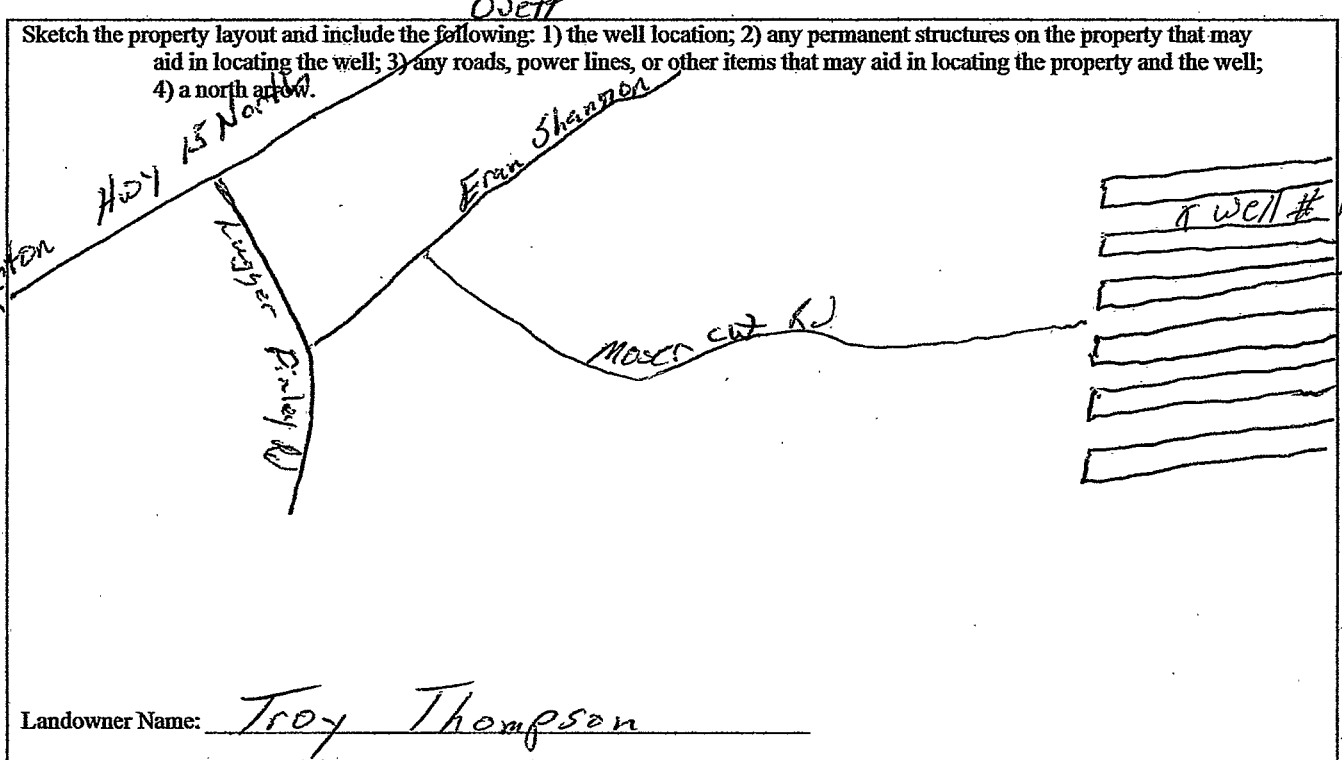
Ground Level

Well #1



Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground Level	10
Sand	10	30
Clay	30	100
Sand	100	115
Clay	115	310
Sand	310	380

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (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 Miss Water Well Drilling 6-27-2017 *Handwritten Signature*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee