

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: David L. Carr  
 Date drilling completed: 6-24-19

**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  
 (801)881-5218  
 (801)961-5218  
 (601)961-5228 (fax)

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For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F 37  
 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.*

|  |   |
|--|---|
| <p align="center"><b>Information on Well Owner</b><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Tim Wise</u><br/>         Mailing Address: <u>385 Cochran Rd</u><br/> <u>Richton MS 39476</u><br/>         City State Zip Code<br/>         Telephone No. <u>(601) 788-7011</u></p>   | <p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31.18.24<sup>N</sup></u> Longitude: <u>88.53.3<sup>W</sup></u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/> <del>NE</del> <del>S</del> <del>W</del> <del>E</del> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS<br/> <u>15</u> <u>4<sup>N</sup></u> <u>9<sup>W</sup></u><br/> <del>15</del> <del>4<sup>N</sup></del> <del>9<sup>W</sup></del><br/>         Distance Direction Nearest Town<br/> <u>6</u> Miles <u>SE</u> of <u>Richton</u></p> |
| <p><b>Well / Borehole Data</b></p>   |   |
| <p>Date drilling started: <u>6-21-19</u> Date drilling completed: <u>6-24-19</u> Hole depth: <u>270'</u> Hole diameter: <u>4"</u><br/>         Location of the source of any surface water used for drilling: <u>Richton Community water</u><br/>         Method of dosing and volume of Chlorine used in drilling and development: _____<br/>         Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____<br/>         Name of organization running log(s): _____<br/>         Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____<br/>         Seismic Survey _____ Other (describe) _____<br/> <i>If drilling is not related to water well construction, skip the remainder of this block</i><br/>         Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____<br/>         If a flowing well, method of flow regulation: Valve _____ Other (describe) _____<br/>         Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>6-22-19</u><br/>         Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>String</u><br/>         Well depth: <u>270</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite _____ Mix _____<br/>         Casing length: <u>255</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u><br/>         Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u><br/>         Screen slot size: <u>#10</u> inches Setting depth: From <u>255</u> feet to <u>270</u> feet<br/>         Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ <input checked="" type="checkbox"/> Telescoped _____ Open hole _____ Natural Development _____<br/>         Other (describe): _____<br/>         Top of lap pipe or reduction in casing: <u>235</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p> |   |

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*Southern MS Water Well Drilling #0-3831*

Form: OLWR-SWR-1A (04/08)  
*Rolland Carr*  
 6-30-2019

# 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: 6-24-19  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F 37  
 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>Tim Weise</u>           | Latitude: <u>31° 18' 24"</u> Longitude: <u>88° 53' 3"</u>               |
| Mailing Address: <u>385 Cochran Rd</u> | Method of Lat/Long (check one): Conventional Survey _____               |
| <u>Richton</u> <u>MS</u> <u>39476</u>  | USGS quad <u>NE 5</u> <u>SW 7</u> <u>Sec 15</u> <u>T 4N</u> <u>R 9W</u> |
| City State Zip Code                    | Distance Direction Nearest Town   |
| Telephone No. <u>(601) 788-7011</u>    | <u>6</u> Miles <u>SE</u> of <u>Richton</u>                              |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/>                |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1 1/2</u> <b>BY OLWR</b>                              |
| Date Pump Installed: <u>6-22-19</u>   | Setting Depth: <u>175</u> feet  |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                           | Number of Stages: <u>12</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: <u>6-22-19</u>                            | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>80</u> Feet Below Land Surface   | Other (specify): <u>String</u>                      |
| Pumping Water Level (B): <u>140</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface     | Well yielded <u>20</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>20</u> Gallons Per Minute             | <u>60</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.

Sixthons MS Water Well Drilling  
 Print Name of Pump Installer and License No. (if applicable)

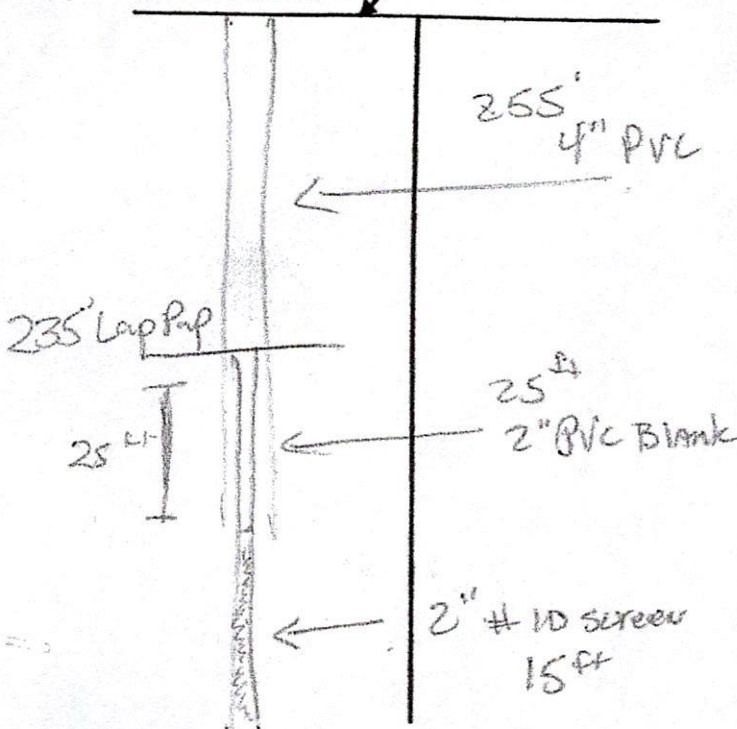
David L. Cain 6-30-2019  
 Signature of Pump Installer

#0-3831

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

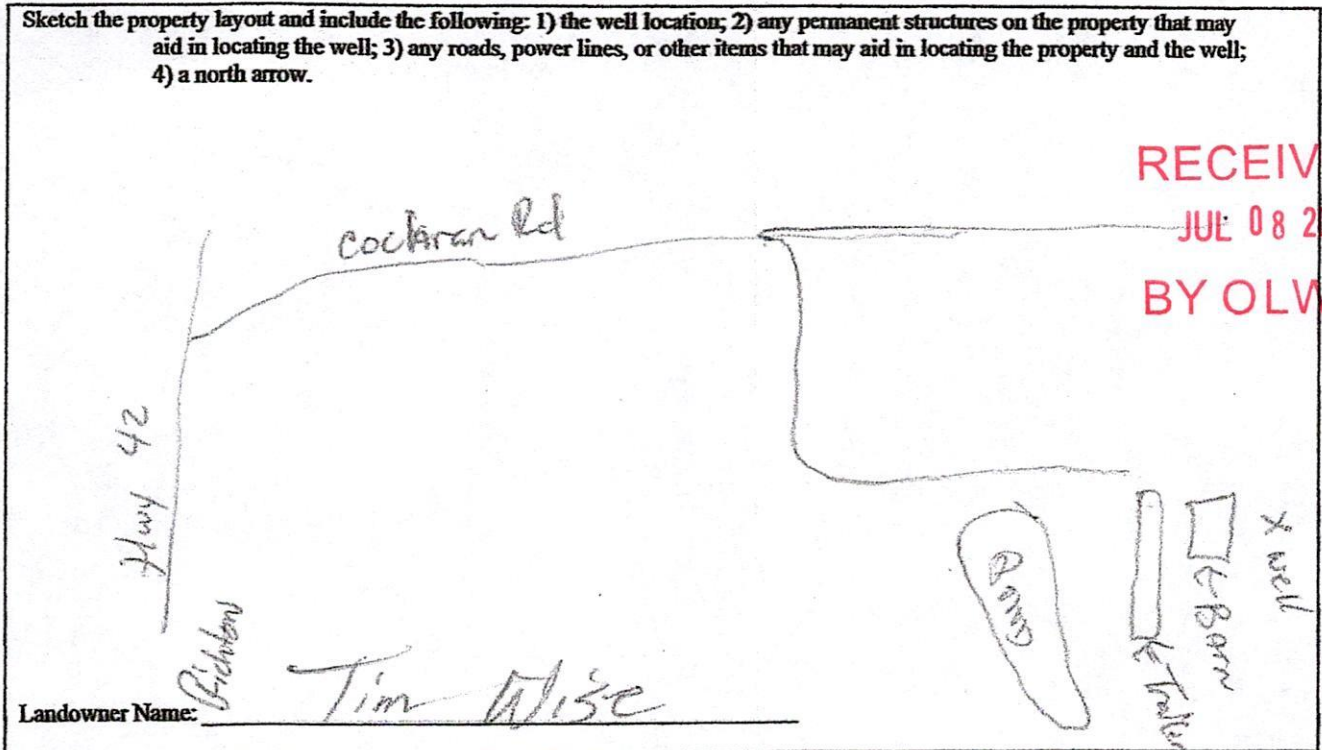


If more than one screen, show location of each on sketch

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                              | Ground Level | 15         |
| sand                                  | 15           | 20         |
| clay                                  | 20           | 160        |
| sand / poppa                          | 160          | 163        |
| clay                                  | 163          | 170        |
| sand / poppa                          | 170          | 171        |
| clay                                  | 171          | 182        |
| sand / strip                          | 182          | 183        |
| clay                                  | 183          | 190        |
| sand / clay strips                    | 190          | 200        |
| clay                                  | 200          | 218        |
| sand                                  | 218          | 226        |
| clay                                  | 226          | 239        |
| sand                                  | 239          | 242        |
| clay                                  | 242          | 250        |
| water sand                            | 250          | 270        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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.



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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 Ms Water Well Drilling      6-30-2019      Randall Can  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee