

STATE WELL REPORT

212

County: Perry
 Permit #: _____
 Driller: Josh Boone
 Date drilling completed: 3/28/19

**Part 1
 Driller's Log**
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: J98
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Austin Herring</u>	Latitude: <u>31 13 9</u> Longitude: <u>88 53 3</u>
Mailing Address: <u>25 S Tong Oil Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Beaumont</u> MS <u>39423</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>15</u> T <u>3N</u> R <u>9W</u>
City State Zip Code	<u>6</u> Miles <u>N</u> of <u>Beaumont</u>
Telephone No. <u>(601) 606-0547</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-28-19 Date drilling completed: 3-28-19 Hole depth: 185 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling: existing well

Method of dosing and volume of Chlorine used in drilling and development: granulated chlorine

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 140 feet above or below land surface Date measured: 3-28-19
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 185 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: saw slot

Screen slot size: 3 inches Setting depth: From 165 feet to 185 feet

Type of completion (check all applicable) gravel packed Underreamed 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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 BY OLWR

County: Perry
Permit #: _____

For Office Use Only:
Well #: 598

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level \rightarrow

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)
	Ground level	

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) north arrow

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Landowner Name: Austin Herring

I HEREBY 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.

Josh Boone 8683 3/28/19 Josh Boone
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 #: 598
Aquifer: _____

County: Perry
Permit #: _____
Driller: Josh Boone
Date completed: 3.28.19
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>Austin Herring</u>	Latitude: <u>31 139</u> Longitude: <u>88 53 3</u>
Mailing Address: <u>25 S Tong Oil Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Beaumont MS 39474</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>15</u> T <u>3N</u> R <u>9W</u>
City State Zip Code	<u>6</u> Miles <u>N</u> of <u>Beaumont</u>
Telephone No. (601) <u>666-0547</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 3.28.19 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

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

Horse Power Rating of Motor: 3/4 Setting Depth: 18 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 3.28.19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 168 Feet Below Land Surface

Drawdown [(B) - (A)]: 28 Feet Below Land Surface Test Pumping Rate: 18 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: 140 feet.

Well yielded 18 GPM with a drawdown of 28 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: **RECEIVED**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **MAY 21 2019**

Installation Date: _____ Meter installed by: _____ **BY OLWR**

Is This Meter (check 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.

Josh Boone 8683 3/28/19 Josh Boone
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer