

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

County: Pike
Permit #: _____
Driller: James M. Wells
Date drilling completed: 10-24-17

For Office Use Only:

Well #: M171
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Laura Variado</u>	Latitude: <u>31° 2.46' N</u> Longitude: <u>90° 20.8' W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>9121 Osyka Progress Rd.</u>	SW <u>1/4</u> SE <u>1/4</u> , Sec <u>18</u> T <u>1N</u> R <u>9E</u>
<u>Magnolia MS 39652</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
City State Zip Code	
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10-24-17 Date drilling completed: 10-24-17 Hole depth: 115 Hole diameter: 7 1/2"
Location of the source of any surface water used for drilling: Running creek
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle 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 (circle 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: 60 feet [above or below] land surface Date measured: 10-24-17
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 95 feet to 115 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

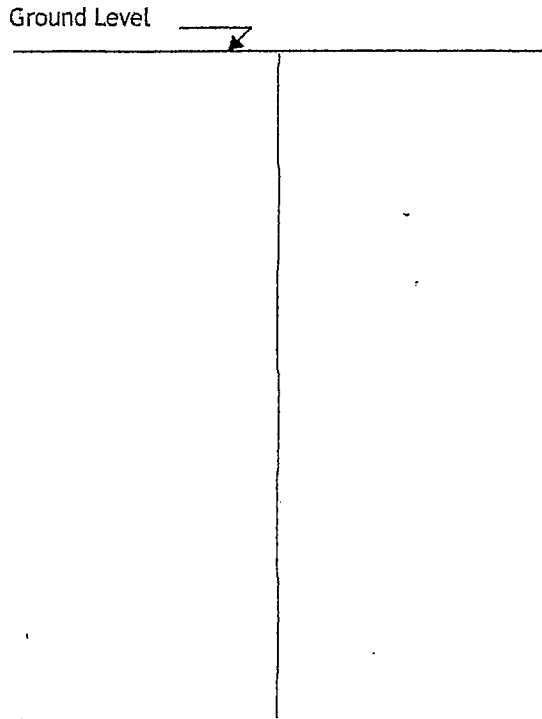
If telescoped or more than one screen, describe on next page

County: Pike
 Permit #: _____

For Office Use Only:
 Well #: M171

The sketch below only required for water wells

If well telescopes, show depths on sketch.



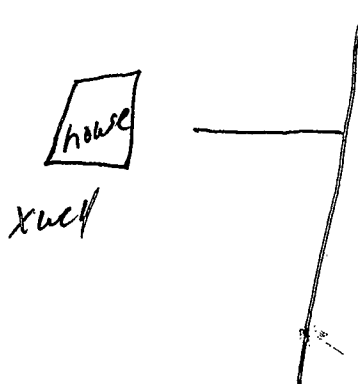
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
topsoil		1
clay	1	85
sand	85	115

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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 BY OLWR

Landowner Name: Laura Varnado

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.

James M. Wells 00005889
 Print Name of Responsible Licensee and License No.

11-27-17
 Date

James M. Wells
 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)

County: Pike
 Permit #: _____
 Driller: James M. Wells
 Date completed: 10-24-17
Copy information from block on Part 1

For Office Use Only:

Well #: M171
 Aquifer: _____

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>Laura Varnado</u>	31-02-46	Latitude: <u>31° 2.46' N</u>	Longitude: <u>90° 20.8' W</u>
Mailing Address: <u>9121 Osyka Progress Rd.</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Magnolia</u> City	<u>MS</u> State	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>18</u> T <u>1N</u> R <u>9E</u>	
<u>39652</u> Zip Code		_____ Miles of _____ (Distance) (Direction) (Nearest Town)	
Telephone No. (____) _____			

Pump Type (circle one)

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

Date Pump Installed: 10-24-17 Rated Pump Capacity: 12 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 1 Setting Depth: 100 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 10-24-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 68 Feet Below Land Surface Test Pumping Rate: 17 Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ 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): _____ NOV 30 2017

Installation Date: _____ Meter installed by: _____ BY OLWR

Is This Meter (circle 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.

James M. Wells 00005889 11-27-17 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer