

State Law requires that this report be prepared by the license holder responsible for completion of drilling of the well or borehole. 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) Owner Name: <u>Andrew Key</u> Mailing Address: <u>421 Jones St</u> City: <u>Greensboro</u> State: <u>NC</u> Zip Code: <u>38621</u> Telephone No. (Area): <u>(336) 382-8320</u>	
Well or Borehole Location Latitude: <u>37° 34.22' N</u> Longitude: <u>79° 11.95' W</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ NE ¼ SE ¼, Sec # <u>1</u> T <u>75</u> N R <u>10</u> W Miles _____ of _____ (Distance) _____ (Direction) _____ (Nearest Town) _____	Well / Borehole Data Date drilling started: <u>6-3-18</u> Date drilling completed: <u>6-3-18</u> Hole depth: <u>124'</u> Hole diameter: <u>7"</u> Location of the source of any surface water used for drilling: <u>Norby ditch</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (check all applicable): <input type="checkbox"/> 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: _____ Name of organization running log(s): _____ Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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): _____

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

Static Water Level: 20 feet above or below [land surface] (check one)
 Date measured: 6-9-18

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

Well depth: 124' Well grouted to a depth of: 12 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 104 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC S107Hed

Screen slot size: 0.13 inches Setting depth: From 104 feet to 124 feet

Type of completion (check all applicable): Travel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 0 feet

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

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 #: A109
Aquifer: _____

County: Quitman
Permit #: _____
Driller: W. Bryant
Date completed: 6-9-18
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 Owner Name: <u>Andrew Key</u> Mailing Address: <u>62 Jones St.</u> City: <u>Crenshaw</u> State: <u>MS</u> Zip Code: <u>38621</u> Telephone No. (662) <u>382-8320</u>	
Well Location Latitude: <u>34° 30.22' N</u> Longitude: <u>90° 11.95' W</u> Method of Lat/Long (check one): <input checked="" type="checkbox"/> Hand-held GPS, survey-grade GPS <input type="checkbox"/> USGS quad _____ NE <u>1/4</u> SE <u>1/4</u> T <u>75</u> R <u>10W</u> Miles _____ of _____ (Direction) _____ (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-9-18 Rated Pump Capacity: 35 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: 1.5 Setting Depth: 60 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
 Date Well Tested: 6-9-18
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 24 Feet Below Land Surface
 Drawdown [(B) - (A)]: 4 Feet Below Land Surface
 Test Pumping Rate: 43 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 5 hours
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 Model Number/Name: _____
 Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): _____
 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.
 Print Name of Pump Installer and License No. (if applicable): Willie L. Bryant 0-639
 Date: 6-25-18
 Signature of Pump Installer: Willie L. Bryant