

County: Quitman
 Permit #: 6W48845
 Driller: JOEL Jumper
 Date drilling completed: 10/10/16

State Well Report
Part I - 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 #: M 70
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Barbby Glover</u> Mailing Address: _____ <u>P.O. Box 2823</u> <u>Bluffton SC 29910</u> City State Zip Code Telephone No. () _____	Latitude: <u>34° 8' 19"</u> Longitude: <u>90° 11' 8"</u> Method of Lat/Long (circle one): Conventional Survey, <u>NW</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4</u> Sec <u>10</u> Twn <u>24N</u> Rng <u>01E</u> Distance <u>6</u> Miles Direction <u>NE</u> of Nearest Town <u>Crowder</u>
Well / Borehole Data	
Date drilling started: <u>10/10/16</u> Date drilling completed: <u>10/10/16</u> Hole depth: <u>110</u> Hole diameter: <u>24</u>	
Location of the source of any surface water used for drilling: <u>nearest well</u> Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump _____	
Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>10/10/16</u>	
Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>P.V.C</u>	
Screen slot size: <u>50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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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: Quitman
 Permit #: 6-W-48845
 Driller: JOEL JUMPER
 Date completed: 10/10/16
Copy information from block on Part 1

For Office Use Only:

Well #: M70
 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>BOBBY Glover</u>	Latitude: <u>34 8 19</u> Longitude: <u>90 11 8</u>
Mailing Address: <u>P.O. Box 3823</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bluffton</u> <u>SC</u> <u>29910</u>	<u>SE</u> ¼ <u>SW</u> ¼, Sec <u>10</u> T <u>26N</u> R <u>01E</u>
City State Zip Code	<u>6</u> Miles <u>NE</u> of <u>Crowder</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10/10/16 Rated Pump Capacity: 800 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: 1.5 HP Setting Depth: 70 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10/10/16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 18 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 500 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 800 GPM with a drawdown of 10 feet after 4 hours of pumping

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Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

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: _____

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.

JOEL JUMPER #5317 10/10/16 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)