

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

For Office Use Only:

Well #: S70
 Aquifer: _____
 E-Log #: _____

County: Rankin
 Permit #: _____
 Driller: David West
 Date drilling completed: 9-19-2017

Corrected

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) Owner Name: <u>Jim Goodman</u> Mailing Address: <u>PO Box 518</u> <u>Brandon</u> MS <u>39043</u> City State Zip Code Telephone No. <u>(601) 955-1333</u>		Well or Borehole Location Latitude: <u>32° 09.099'</u> Longitude: <u>89° 49.340'</u> <u>32-09-06</u> <u>89-49-30</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> Sec <u>30</u> T <u>4N</u> R <u>5E</u> <u>3</u> Miles <u>nnw</u> of <u>Puckett</u> (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data
 Date drilling started: 9-18-17 Date drilling completed: 9-19-17 Hole depth: 338' Hole diameter: 6 1/2"
 Location of the source of any surface water used for drilling: Creek on Ashley Rd.
 Method of dosing and volume of Chlorine used in drilling and development: Tabs 50ppm
 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

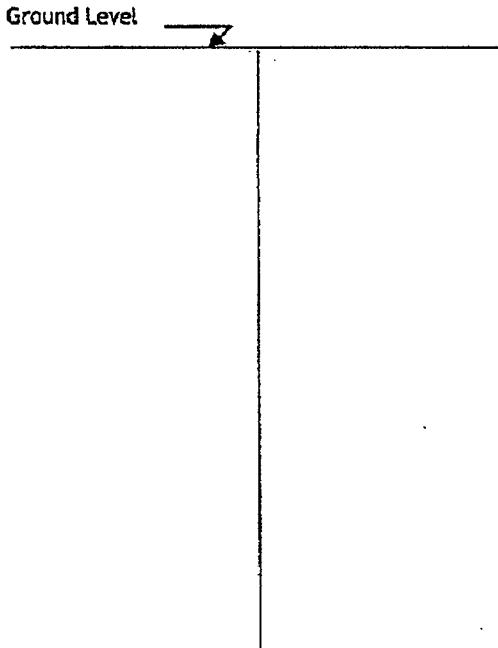
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 102 feet [above or below] land surface Date measured: 9-18-17
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonar
 Well depth: 338 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 313 feet Casing diameter: 4 inches Type of casing: Pvc
 Screen length: 25 feet Screen diameter: 4 inches Type of screen: Pvc
 Screen slot size: 008 inches Setting depth: From 313 feet to 338 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: Rankin
 Permit #: _____

For Office Use Only:
 Well #: S70

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

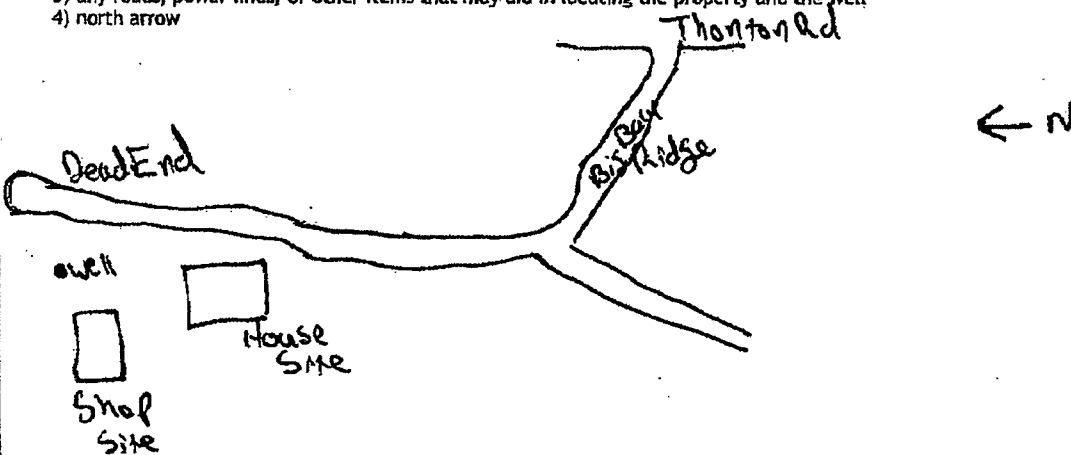


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay w/ rocks	Ground level	29
Clay	29	60
Sand	60	86
Clay	86	159
Rock	159	162
Clay	162	179
Clay w/ Rocks	179	208
Sandy Clay	208	226
Sand	226	234
Clay	234	313
Sand	313	338

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



Landowner Name: Jim Goodman

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.

David West 0672 9/19/2019 [Signature]
 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 #: 570
 Aquifer: _____

County: Leflore
 Permit #: _____
 Driller: David West
 Date completed: 9-17-17
 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>Jim Goodman</u>			Latitude: <u>32° 09.099'</u>	Longitude: <u>89° 49.340'</u>	
Mailing Address: <u>Po Box 518</u>			Method of Lat/Long (check one): Conventional Survey _____ <small>06 20</small>		
<u>Brandon</u>	<u>MS</u>	<u>39043</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City	State	Zip Code	<u>SW 1/4 NW 1/4, Sec 30 T 4N R 5E</u>		
Telephone No. <u>(601) 955-1333</u>			<u>3</u> Miles <u>NNE</u> of <u>Puckett</u>		
			<small>(Distance) (Direction) (Nearest Town)</small>		

Pump Type (check one)

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

Date Pump Installed: 9-20-2017 Rated Pump Capacity: 10 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 Setting Depth: 160 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

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

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: _____ 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: _____

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

Installation Date: _____ Meter installed by: _____

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.

David West 0672 9-20-2017 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer