

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)961-5555
 (601)961-5228 (fax)

County: Randolph
 Permit #: _____
 Driller: David West
 Date drilling completed: 11-21-19

For Office Use Only:
 Well #: 572
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Boice Ronell</u>	Latitude: <u>32° 36.31"</u> Longitude: <u>89° 58' 5.00"</u>
Mailing Address: <u>Sunset Ridge</u>	<u>32-09-27</u> <u>89-48-43</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon</u> <u>MS</u> <u>39042</u> City State Zip Code	USGS quad <u>X</u> , Hand-held GPS <u>X</u> , Survey-grade GPS _____
Telephone No. <u>(601) 942-2019</u>	<u>SE</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>29</u> T <u>4N</u> R <u>5E</u> <u>4</u> Miles <u>NW</u> of <u>Puckett</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-16-19 Date drilling completed: 11-21-19 Hole depth: 380 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: Tab's 50ppm

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: 162 feet above or below land surface Date measured: 11-21-19
(check one)

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

Well depth: 380 Well grouted to a depth of: 50 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 360 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 360 feet to 380 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

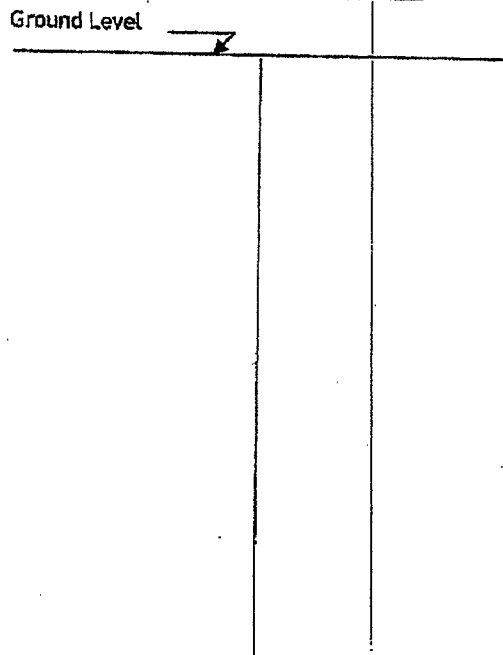
If telescoped or more than one screen, describe on next page

County: Rankin
 Permit #: _____

For Office Use Only:
 Well #: 572

The sketch below only required for water wells

If well telescopes, show depths on sketch.



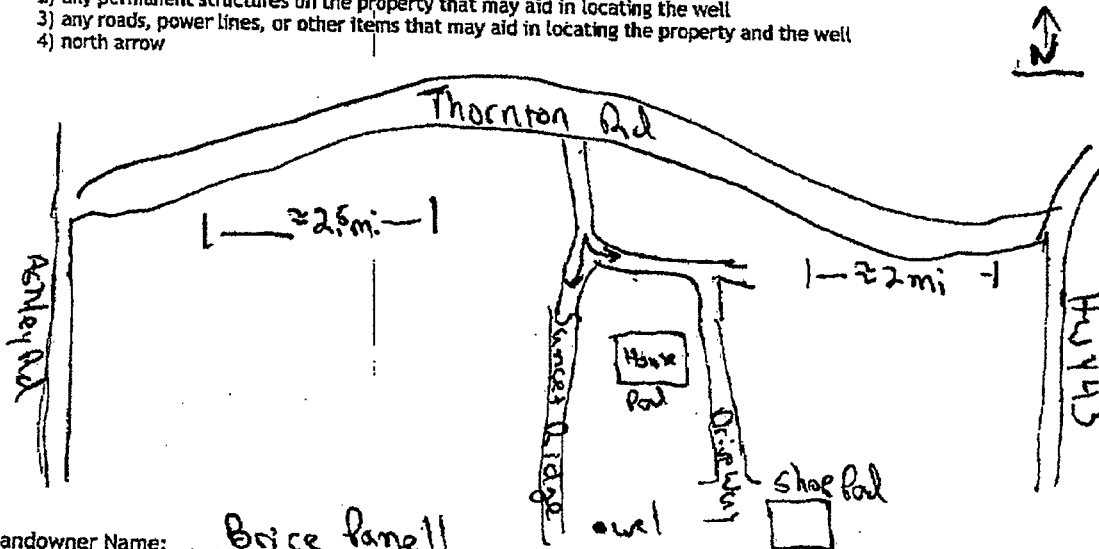
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	36
Rock	36	39
Clay	39	48
Rock	48	50
Clay	50	136
Rock streaks	136	160
Clay	160	190
Rock streaks	190	212
Solid Rock	212	216
Rock streaks	216	238
Clay	238	302
Sand	302	314
Clay	314	359
Sand	359	380

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: Brice Panell

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.

Dan West 0672 11/1-2017 Dan West
 Print Name of Responsible Licensee and License No. Date Signature of Licensee



STATE WELL REPORT

Part 2
STATE OF MISSISSIPPI
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 GARY C. BIKARD, EXECUTIVE DIRECTOR
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: S72
 QUALITY _____
 Aquifer: _____

County: Randolph
 Permit #: _____
 Driller: David West
 Date completed: 11-21-2019
 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>Brice Penell</u>	Latitude: <u>32° 13' 6.31"</u>		Longitude: <u>89° 58' 5.02"</u>		
Mailing Address: <u>Sunset Bridge</u>	Method of Lat/Long (check one): <u>32-09-27</u>		<u>89-48-43</u>		
<u>Brandon</u> City	<u>MS</u> State	<u>39042</u> Zip Code	USGS quad <u>X</u> , Hand-held GPS <u>X</u> , Survey-grade GPS _____		
Telephone No. <u>(601) 942-2017</u>	<u>SE 1/4 NW 1/4, Sec 29 T 4N R 5E</u>		<u>4</u> Miles <u>NW</u> of <u>Puehett</u>		
	(Distance)		(Direction)		(Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-21-2019 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: 1.5 Setting Depth: 240 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 0-692 11-21-2019
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)