

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: Rankin
Permit #: _____
Driller: Westwater Well
Date drilling completed: 3-7-17

For Office Use Only:

Well #: 576
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.

<p style="text-align: center;">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ted Smith</u> Mailing Address: <u>7140 JACKSON</u> <u>RAYMOND RD</u> <u>RAYMOND</u> MS <u>39154</u> City State Zip Code Telephone No. <u>(601) 572-4224</u></p>	<p>32-09-18 Well or Borehole Location <u>89-48-49</u> Latitude: <u>32° 09.306"</u> Longitude: <u>89° 48.824'</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 SW 1/4, Sec 29 T 4N R 5E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 3-6-17 Date drilling completed: 3-7- Hole depth: 352 Hole diameter: 6 1/2
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
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: 151 feet [above or below] land surface Date measured: 3-7-17
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 352 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 332 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted
Screen slot size: .008 inches Setting depth: From 332 feet to 352 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

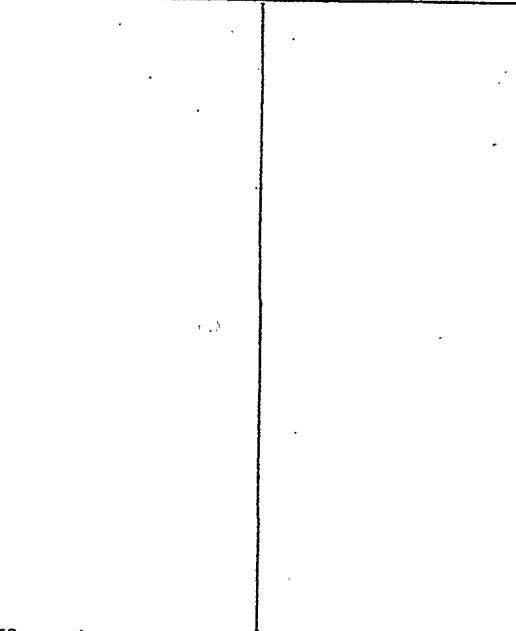
County: Rankin
 Permit #: _____

For Office Use Only:
 Well #: S76

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

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
SANDY CLAY	Ground level	8
SAND STONE	8	10
CLAY	10	83
SAND	83	110
CLAY	110	184
LIMESTONE & CLAY	184	213
CLAY	213	331
SAND	331	352

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: Ted Smith

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 A. West 0-672 4-4-17 David A. West

Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Rankin
 Permit #: _____
 Driller: West Waterwell
 Date completed: 3-7-17
 Copy information from block on Part 1

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 #: 576
 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>Ted Smith</u>		<u>32-09-18</u>	<u>89-48-49</u>
Mailing Address: <u>7190 JACKSON RAYMOND RD</u>		Latitude: <u>32°09.306'</u>	Longitude: <u>89°48.824'</u>
<u>RAYMOND</u> <u>MS</u> <u>39154</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City State Zip Code		<u>NW ¼ SW ¼, Sec 29 T 4N R 5E</u>	
Telephone No. <u>(601) 572-4224</u>		_____ Miles of _____ (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 10 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: 200 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 (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: _____

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.

David A. West 0-672 4-24-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer