

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)

For Office Use Only:

Well #: D92
Aquifer: _____
E-Log #: _____

County: Simpson
Permit #: _____
Driller: James Bradshaw
Date drilling completed: 9-14-17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chris Baeverle</u>	Latitude: <u>31°58'32" N</u> Longitude: <u>89°51'22" W</u>
Mailing Address: <u>197 Poplar Springs Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mendenhall</u> MS <u>39114</u>	<u>SW 1/4 SE 1/4, Sec 26 T2N R4E</u>
City State Zip Code	<u>1.8</u> Miles <u>South</u> of <u>Mendenhall</u>
Telephone No. <u>(601) 259-9681</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-14-17</u> Date drilling completed: <u>9-14-17</u> Hole depth: <u>220</u> Hole diameter: <u>7"</u>
Location of the source of any surface water used for drilling: <u>City water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
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 <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>207</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>187</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#8</u> inches Setting depth: From <u>187'</u> feet to <u>207'</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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 BY OLWR

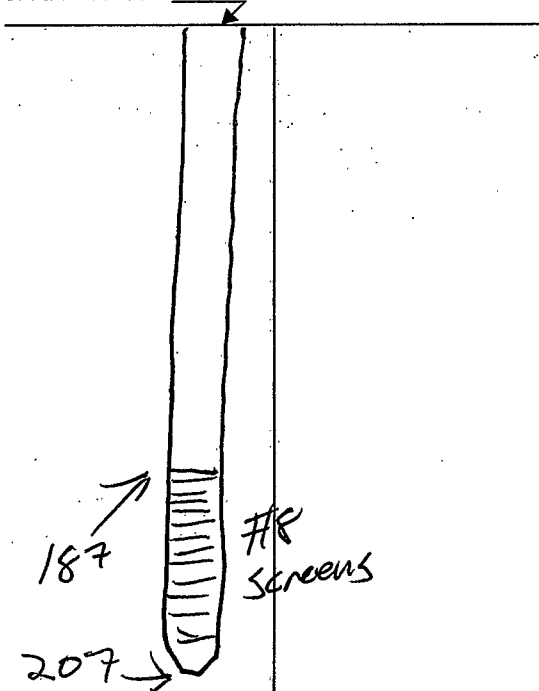
County: Simpson
 Permit #: _____

For Office Use Only:
 Well #: D92

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level: _____



If more than one screen, show location of each 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)
Red-orange Clay	Ground level	10
Sand Stone	10	15
Light Gray Clay	15	33
Fine Gray Sand	33	35
Light Gray Clay	35	43
medium Sand	43	76
Hard sand Stone	76	87
Light Gray Clay	87	110
Dark Gray STIFF Clay	110	165
Fine White Sand	165	205
Hard Rock	205	220

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

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Landowner Name: Chris Baeverle

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.

James Bradshaw 00007871 9-14-17
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

Dear Mr. [Name]

Dear Mr. [Name]

I have received your letter of the 15th and am pleased to hear that you are well. I am also well and hope these few lines find you all the same. I have not much news to write at present. The weather here is very pleasant at the moment. I have been thinking of writing to you for some time but have been so busy that I could not find time. I hope to hear from you again soon.

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Yours truly,

Yours truly,

[Signature]

[Signature]

[Address]

[Address]

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 #: D92
 Aquifer: _____

County: Simpson
 Permit #: _____
 Driller: James Bradshaw
 Date completed: 9-15-17
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>Chris Baeuerle</u>	Latitude: <u>31°58'32" N</u> Longitude: <u>89°51'22" W</u>
Mailing Address: <u>197 Poplar Springs Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mendenhall</u> <u>MS</u> <u>39114</u>	<u>S1D 1/4 SE 1/4, Sec 26 T2N R4E</u>
City State Zip Code	<u>1.8</u> Miles <u>South</u> of <u>Mendenhall</u>
Telephone No. <u>(601) 259-9681</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9-15-17 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: 190 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 9-15-17 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 135 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface

Drawdown [(B) - (A)]: 45 Feet Below Land Surface Test Pumping Rate: 14 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: N/A feet.

Well yielded N/A GPM with a drawdown of N/A feet after N/A 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

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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.

James Bradshaw 00007871 9-15-17 _____

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

D92

