

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 #: NS4
Aquifer: _____
E-Log #: _____

County: Simpson
Permit #: _____
Driller: James Bradshaw
Date drilling completed: 5-18-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Zack Mayhugh</u>	Latitude: <u>31° 46' 10" N</u> Longitude: <u>89° 58' 19" W</u>
Mailing Address: <u>356 Hardy Williams Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pinola</u> MS <u>39149</u>	<u>NW 1/4 NW 1/4, Sec 12 T 9N R 20W</u>
City State Zip Code	<u>4</u> Miles <u>N</u> of <u>New Hebron</u>
Telephone No. <u>(601) 942-0358</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5-18-17</u>	Date drilling completed: <u>5-18-17</u> Hole depth: <u>146</u> Hole diameter: <u>6</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>JUN 02 2017</u>	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (circle one): <u>Water Well</u> 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): <u>Chicken houses</u>	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>	
Static Water Level: <u>71</u> feet [above or <u>(below)</u> land surface Date measured: <u>5-19-17</u>	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____	
Well depth: <u>146</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>120</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>120</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): <u>N/A</u>	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

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

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: Simpson
 Permit #: _____
 Driller: James Broadshaw
 Date completed: 5-18-17
Copy information from block on Part 1

For Office Use Only:

Well #: N54
 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>2ACK Mayhugh</u>	Latitude: <u>31° 46' 10" N</u> Longitude: <u>-89° 58' 19" W</u>
Mailing Address: <u>356 Hardy Williams Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pinola</u> <u>MS</u> <u>39149</u>	<u>NW 1/4 NW 1/4, Sec 12 T 9N R 20W</u>
City State Zip Code	<u>4</u> Miles <u>N</u> of <u>New Hebron</u>
Telephone No. <u>(601) 942-0358</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-19-17 Rated Pump Capacity: 60 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: 5 Setting Depth: 116 feet Number of Stages: 13

Pump Test Data for Non Flowing Well

Date Well Tested: 5-19-17 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 71 Feet Below Land Surface Pumping Water Level (B): 84 Feet Below Land Surface

Drawdown [(B) - (A)]: 13 Feet Below Land Surface Test Pumping Rate: 80 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

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 Broadshaw 0000-7871 5-19-17 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 JUN 02 2017
 BY OLWR