

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Smith
 Permit #: _____
 Driller: Will Beirlow
 Date drilling completed: 3-10-14

For Office Use Only:
 Aquifer: _____
 Well #: A51
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Lex Traylor</u>		32° 12' 22.31" Well Location	89° 39' 09"
Mailing Address: <u>2954 SCR 538</u>		Latitude: <u>32° 12' 22.31" N</u>	Longitude: <u>89° 39' 09" W</u>
<u>Morton MS 39117</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS	
Telephone No. (601) <u>927-5199</u>		<u>NW 1/4 NE 1/4 Sec 11 Twn 4N Rng 6E</u>	
		Distance	Direction
		<u>4</u> Miles	<u>E</u> of <u>Falkville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry

Date well drilling started: 1-14-14 Date well drilling completed: 3-10-14

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 162' feet above or below (circle one) land surface Date measured: 2-25-14

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 600' Well depth: 520' Well grouted to a depth of 40' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 2 inches Type of screen: wrapped S.S.

Screen slot size: .008 inches Setting depth: From 500' feet to 620 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 400 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Tegco Geophysical

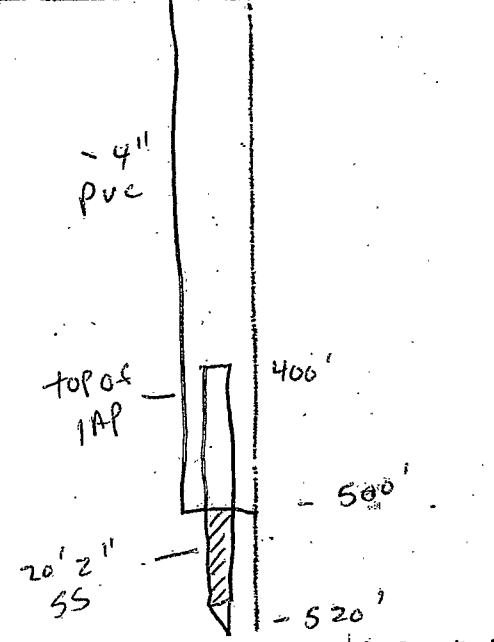
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher Jr. 0-560 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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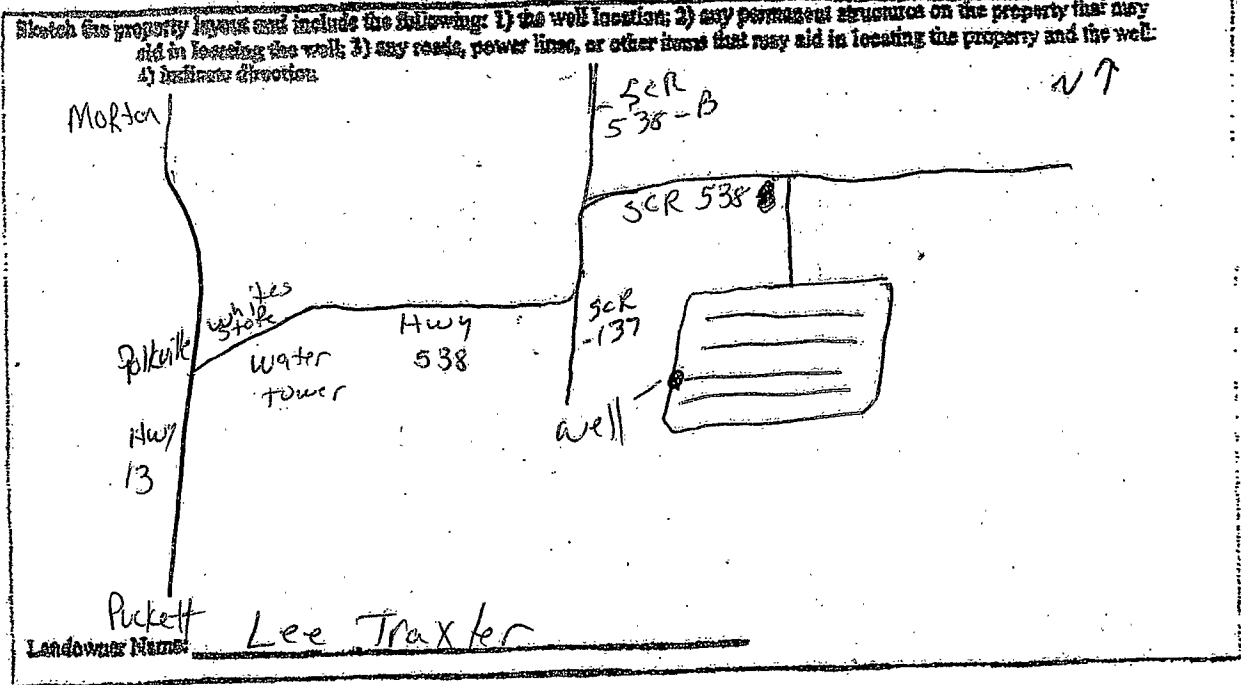
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
weathered clay	0	30
20' Vazzo clay	30	320
sandy clay	320	350
sand & clay streaks	350	490
sand	490	520
sand & clay streaks	520	600

If more than one screen, show location of each on sketch



(Handwritten signature)
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-8210
(601)854-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: AS1

Elevation: _____

County: Smith

Permit #: _____

Driller: Will Berlow

Date completed: 3-10-14

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Lee Traxler

Mailing Address: 7854CR 538

Morton, MS 39117
City State Zip Code

Telephone No. (601) 927-5199

32-12-22 Well Location 89-39-09

Latitude: 32.1223, 31N Longitude: 89.3908, 87W

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NW 1/4 NE 1/4 Sec 11 Twn 4N Rng 6E

Distance Direction Nearest Town

4 Miles East of Polkville

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-1-14

Rated Pump Capacity: 35 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 5

Setting Depth: 300' feet

Number of Stages: 22

Pump Test Data

Date Well Tested: 3-2-14

Static Water Level (A): 162 Feet Below Land Surface

Pumping Water Level (B): 260 Feet Below Land Surface

Drawdown [(B) - (A)]: 98' Feet Below Land Surface

Test Pumping Rate: 40 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured static head: _____ feet

Well yielded 40 GPM with a drawdown of
98' feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Arnold Fincher Jr 0560
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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