

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 #: B40
Aquifer: _____
E-Log #: _____

County: Smith
Permit #: _____
Driller: A-L Drilling Serv. Inc.
Date drilling completed: 10-24-16

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 Black</u>	Latitude: <u>89° 33' 39"</u> Longitude: <u>32° 09' 59"</u> <u>89-32-59</u> <u>32-09-33</u>
Mailing Address: <u>1509 SCR #502</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pulaski</u> <u>MS</u> <u>39152</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE SW</u> <u>1/4</u> <u>N 100</u> <u>NE</u> <u>26</u> <u>T</u> <u>4N</u> <u>R</u> <u>7E</u>
Telephone No. <u>(601) 497-6229</u>	<u>2</u> Miles <u>N</u> of <u>Burns</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 10-5-16 Date drilling completed: 10-24-16 Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: Lemon Lovena + Burns W.A.

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): Chicken Houses

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

Static Water Level: 140 feet [above or below] land surface Date measured: 10-24-16
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 586' Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite

Casing length: 566 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sanded PVC

Screen slot size: .006 inches Setting depth: From 566 feet to 586 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

RECEIVED
OCT 25 2016

RECEIVED

OCT 25 2016

BY OLWR

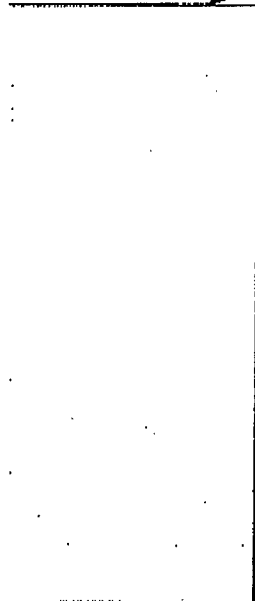
County: Smith
 Permit #: _____

For Office Use Only:
 Well #: B40

The sketch below only required for water wells

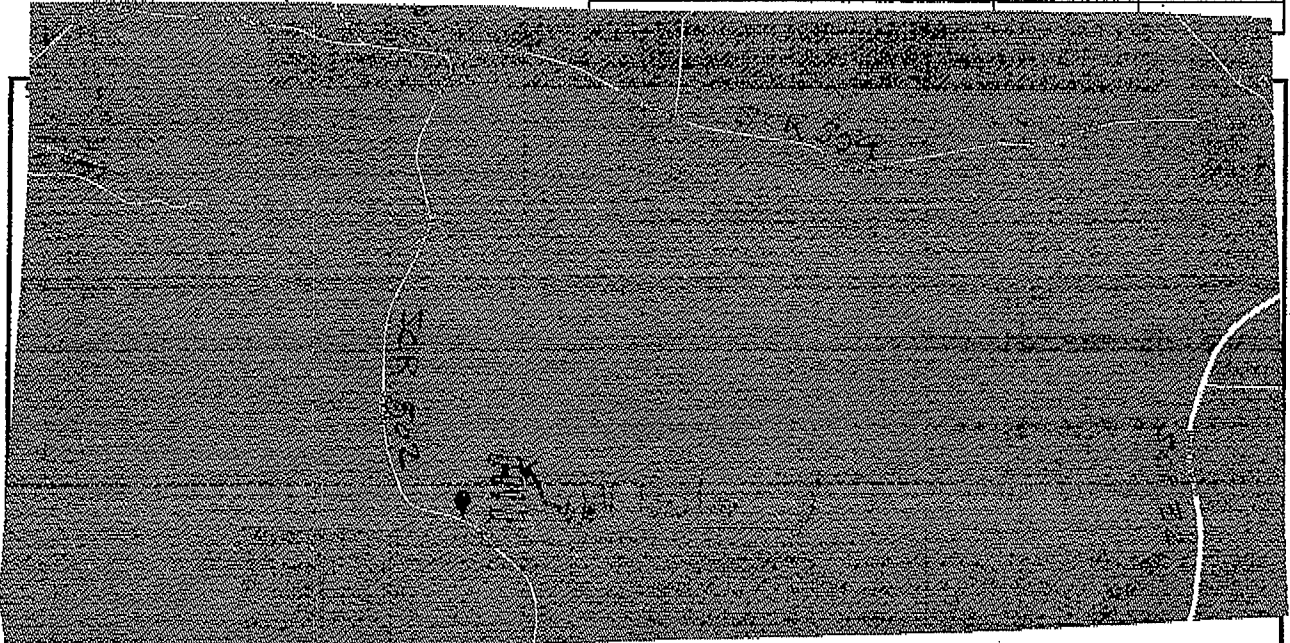
If well telescopes, show depths on sketch,

Ground Level →



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 clay	Ground level	21
Dark gray clay	21	62
Dark brown clay	62	78
clay w/ sandy streaks	78	84
fine sand	84	94
brn/green clay	94	122
gray clay	122	398
Redd. ledge	398	398
Light gray clay	398	436
Sandy clay	436	456
Soft clay	456	464
Sandy clay	464	535
Sand	535	586
Clay	586	687



Landowner Name: Chris Black

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.

Mike Baughman 587 10-25-16 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Smith
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 10-24-16
Copy information from block on Part 1

For Office Use Only:

Well #: BA0
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Chris Black</u> Mailing Address: <u>1509 SCR #502</u> <u>Pulaski</u> <u>Ms.</u> <u>39152</u> City State Zip Code Telephone No. <u>(601) 497-6229</u></p>	<p style="text-align: center;">89-32-59 Well Location 32-09-33</p> <p>Latitude: 29° 38' 59" Longitude: <u>32° 09' 59"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>SE SW 1/4 NW NE 1/4</u>, Sec <u>26</u> T <u>4N</u> R <u>7E</u> <u>± 2</u> Miles <u>N</u> of <u>BURNS</u> (Distance) (Direction) (Nearest Town)</p>
---	--

Pump Type (circle one)

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

Date Pump Installed: 10-24-16 Rated Pump Capacity: 45 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: 240 feet Number of Stages: 17

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 190 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): Sonic

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.

Mike Bauhman 587 10-25-16
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 Form: OLWR-BWR-1B (4/15)
 OCT 25 2016
 BY OLWR