

STATE WELL REPORT

Part I

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 #: 035
Aquifer: CCRF
E-Log #: _____

County: Smith
Permit #: W-16989
Driller: A-1 Drilling Serv Inc
Date drilling completed: 8-18-16

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>Jack Batts & Sons</u>	Latitude: <u>32° 9' 44" N</u> Longitude: <u>89° 29' 35" W</u>
Mailing Address: <u>221 SCR 35-9</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Forest</u> <u>MS</u> <u>39074</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ^{NE} / ₄ <u>NE</u> / ₄ , Sec <u>29</u> <u>T 4N</u> <u>R 8E</u>
Telephone No. <u>(601) 536-3736</u>	<u>9 1/2</u> Miles <u>N</u> of <u>Raleigh</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-22-16 Date drilling completed: 8-18-16 Hole depth: 639' Hole diameter: 12 1/4"

Location of the source of any surface water used for drilling: Lemon-Lorena - 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): MS. DEQ.

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: 161' feet [above or below] land surface Date measured: 8-18-16

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

Well depth: 620 Well grouted to a depth of: 575' feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 575 feet Casing diameter: 8 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 6 inches Type of screen: Bar-weld SS

Screen slot size: .005 inches Setting depth: From 580 feet to 620 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 517 feet

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

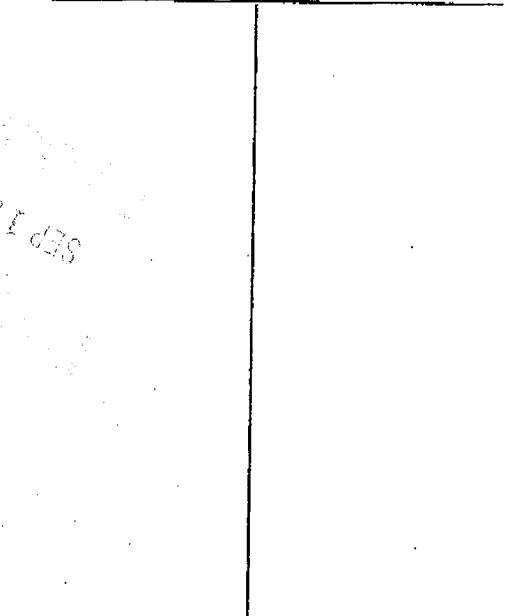
County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

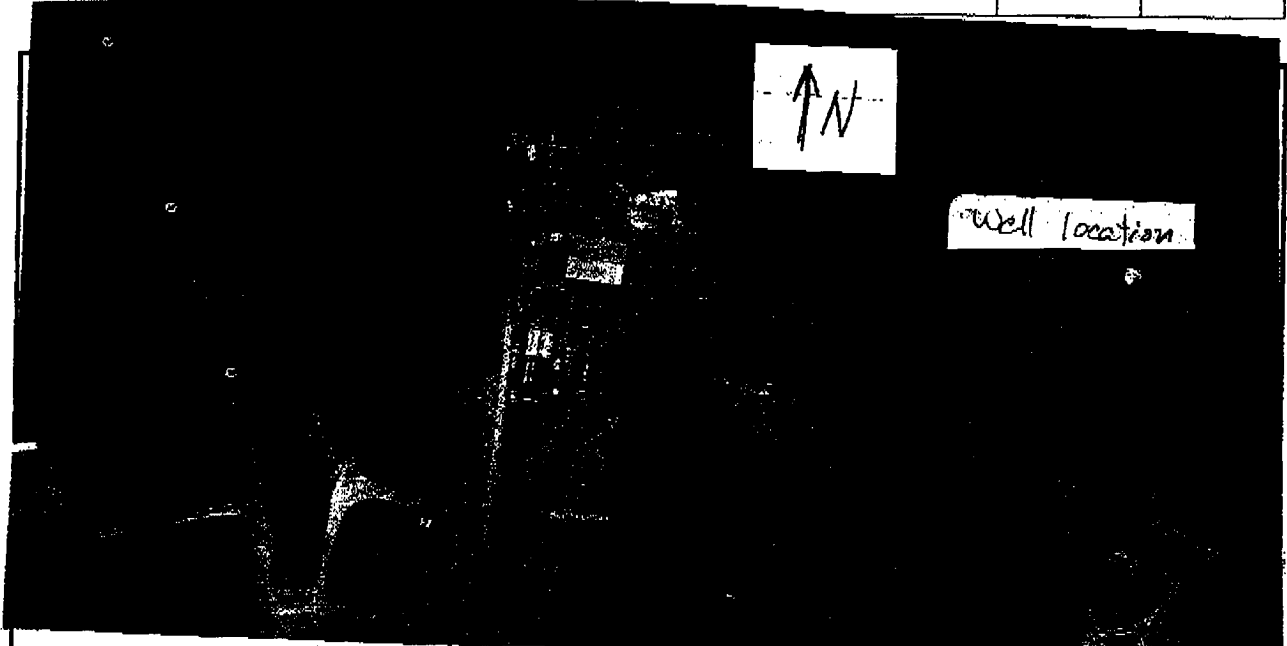
If well telescopes, show depths on sketch.

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	4
White clay	4	65
Pink + tan clay	65	100
Gray clay	100	155
Rock ledge	155	-
Gray clay	155	368
Sandy clay	368	429
Rock	429	425
Sandy clay	425	443
Rock ledge	443	1
Sand + clay mixed	443	462
Rock ledge	462	
Clay w/ sand streaks	462	472
Sand + sea shells	472	485
Sand w/ brown clay mix	485	562
Sand	562	636
Clay	636	639



Landowner Name: Jack Batt + Sons

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
 Print Name of Responsible Licensee and License No.

9-19-16
 Date

Mike Baughman
 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)

For Office Use Only:

Well #: 035
 Aquifer: _____

County: Smith
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc
 Date completed: 8-18-16
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>Jack Batte & Sons</u>	Latitude: <u>32° 9' 44" N</u> Longitude: <u>89° 29' 35" W</u>
Mailing Address: <u>221 SCR 35-9</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Forest</u> <u>Ms</u> <u>39074</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>N 1/4 NE 1/4</u> Sec <u>29</u> T <u>4N</u> R <u>8E</u>
Telephone No. <u>(601) 536-3736</u>	<u>9 1/2</u> Miles <u>N</u> of <u>Raleigh</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-23-16 Rated Pump Capacity: 230 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: 25 Setting Depth: 263 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 161 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: _____

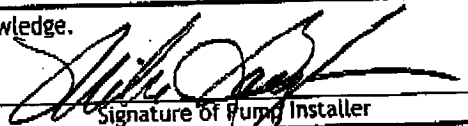
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 Baughman 0587 9-19-16 

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