

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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: J55
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: Will Barlow
Date drilling completed: 10-3-16

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Danny Arender #1</u>	Latitude: <u>32° 01' 51.6" N</u> Longitude: <u>89° 35' 24.9" W</u>
Mailing Address: <u>985 Scr 540-2</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>Raleigh</u> MS <u>39153</u>	<u>NW 1/4 NW 1/4</u> Sec <u>9</u> Twn <u>2N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 374-0089</u>	<u>3</u> Miles <u>NW</u> of <u>Raleigh</u>

Well / Borehole Data

Date drilling started: 9-24-16 Date drilling completed: 10-3-16 Hole depth: 350 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): DEQ

Purpose of borehole (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Poultry

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 10-3-16

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

Well depth: 300 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 280 feet to 300 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: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

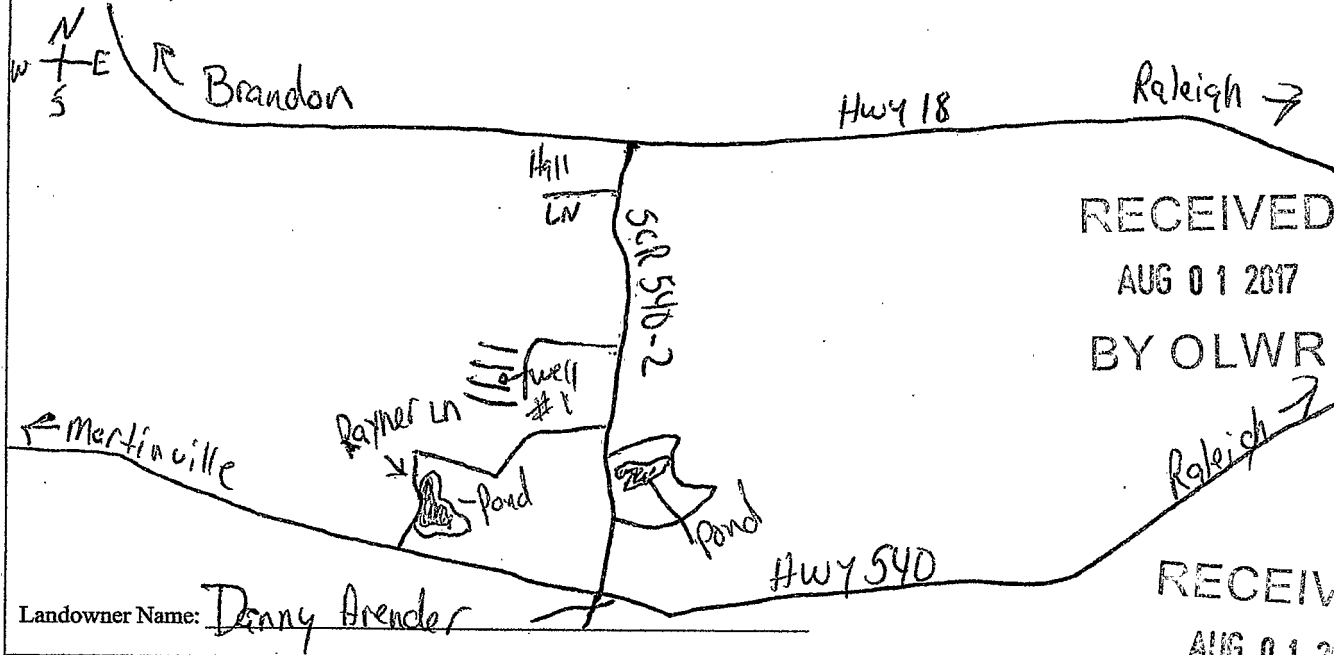
If well telescopes, show depths on sketch.

Ground Level \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	60
Clay	60	165
Rocks & clay	165	210
Sandy clay	210	280
Sand	280	300
Grey clay	300	340

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

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) a north arrow.



Landowner Name: Denny Arender

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Form: OLWR-SWR-1A (04/08)

I 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.

Arnold Fincher Jr 0-560 10-5-16
Print Name of Responsible Licensee and License No. Date

[Signature]
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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J55
 Elevation: _____

County: Smith
 Permit #: _____
 Driller: Will Berlow
 Date completed: 10-4-16
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>Danny Arender #1</u>	Latitude: <u>32° 05' 16" N</u> Longitude: <u>89° 35' 24.9" W</u>
Mailing Address: <u>985 SCR 540-2</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Raleigh MS 39153</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec 9 T 2N R 7E</u>
Telephone No. <u>(601) 374-0089</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>NW</u> of <u>Raleigh</u>

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Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket: Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>10-4-16</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-4-16</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>78</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>78</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Arnold Fincher Jr 0-560 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer