

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 #: K38
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: Will Barlow
Date drilling completed: 6-12-15

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>David Robinson #2</u> | Latitude: <u>32° 01' 25" N</u> Longitude: <u>89° 46' 44" W</u> |
| Mailing Address: <u>24254 Hwy 18 E</u> | <u>3200-45</u> Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Raleigh MS 39153</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 15 Twn 2N Rng 8E</u> |
| Telephone No. <u>(601) 382-7142</u> | Distance Direction Nearest Town <u>6 Miles East of Raleigh</u> |

Well / Borehole Data

Date drilling started: 6-7-15 Date drilling completed: 6-12-15 Hole depth: 170 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: 48 feet above or below (circle one) land surface Date measured: 6-12-15

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

Well depth: 160 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement _____ Bentonite Mix _____

Casing length: 140 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 140 feet to 160 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)

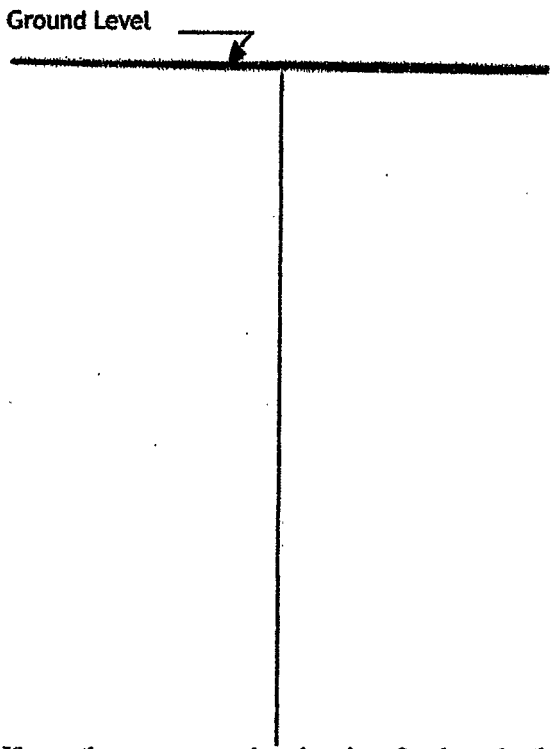
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County: _____
 Permit #: _____

For Office Use Only:
 Well #: K38

The sketch below only required for water wells

If well telescopes, show depths on sketch.

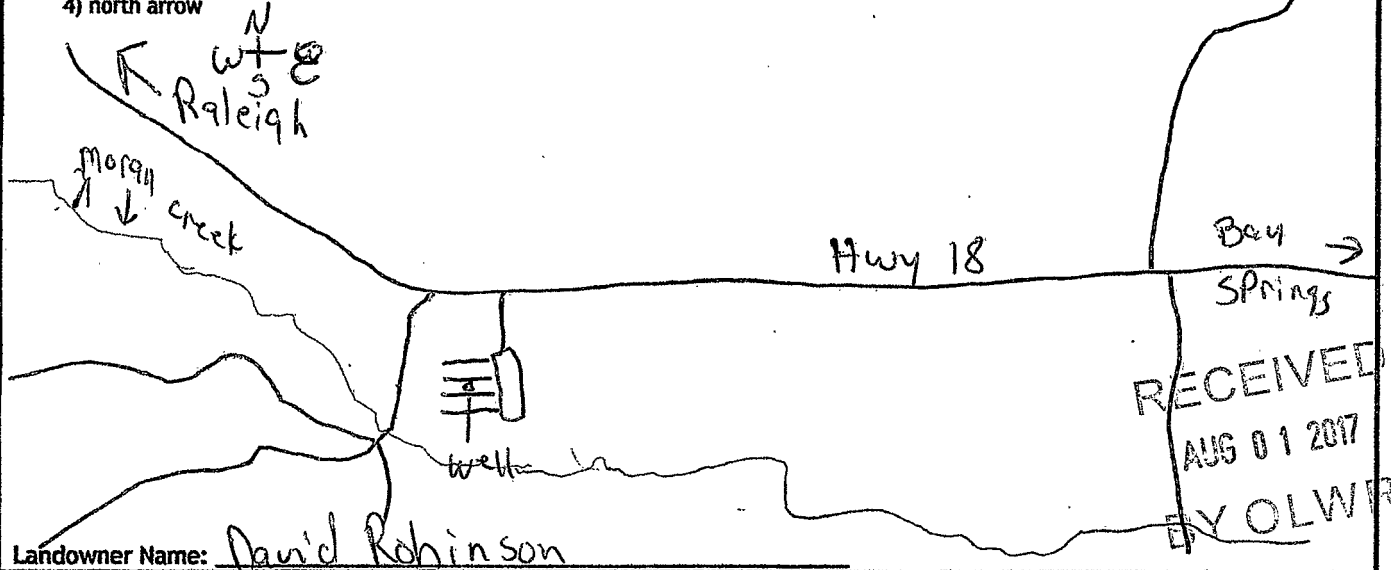


If more than one screen, show location of each on sketch

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

| Description of Formations Encountered | From (depth) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Clay | | 25 |
| Rock | 25 | 67 |
| Sand & clay | 67 | 140 |
| Sand | 140 | 160 |
| Clay | 160 | |
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- 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) north arrow



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.

Arnold Fincher Jr 0-560 6-15-15 [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)

For Office Use Only:

Well #: K38

Aquifer: _____

County: SMITH
Permit #: _____
Driller: Will Barlow
Date completed: 6-12-15
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 | | 32-00-25 • Well Location 89-27-52 | |
|----------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Owner Name: <u>David Robinson #2</u> | | Latitude: <u>32° 25' N</u> | Longitude: <u>89° 46' 44" W</u> |
| Mailing Address: <u>24254 Hwy 18 E</u> | | Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ | |
| <u>Raleigh</u> MS <u>39153</u> | | SW ¼ NE ¼, Sec 15 T 2N R 8E | |
| City State Zip Code | | <u>6</u> Miles <u>East</u> of <u>Raleigh</u> | |
| Telephone No. <u>(601) 382-7142</u> | | (Distance) (Direction) (Nearest Town) | |

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-12-15 Rated Pump Capacity: _____ 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: 3 Setting Depth: 120 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 6-12-15 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): 79 Feet Below Land Surface
Drawdown [(B) - (A)]: 31 Feet Below Land Surface Test Pumping Rate: 35 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: _____ 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.
Arnold Fincher, Jr. 0-560 6-15-15 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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