

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 #: K40
L. S. Elevation: _____
E-log #: K-0040

County: Smith
Permit #: _____
Driller: Will Barlow
Date drilling completed: _____

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>Hollis Blackwell #2</u>	Latitude: <u>31° 58' 35.1" N</u> Longitude: <u>89° 30' 35.8" W</u>
Mailing Address: <u>1054 SCR-90</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Raleigh MS 31153</u>	USGS quad: <u>SE 1/4 SE 1/4 Sec 30 Twn 2N Rng 8E</u>
City: <u>Raleigh</u> State: <u>MS</u> Zip Code: <u>31153</u>	Distance: <u>1</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Raleigh</u>
Telephone No. <u>(601) 214-7410</u>	

Well / Borehole Data

Date drilling started: 5-15-17 Date drilling completed: 5-25-17 Hole depth: 250 Hole diameter: 6"

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

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): MDEQ

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: 133 feet above or below (circle one) land surface Date measured: 5-25-17

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

Well depth: 230' Well grouted to a depth of 60 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .006 inches Setting depth: From 180 + 210 feet to 200 + 230 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*

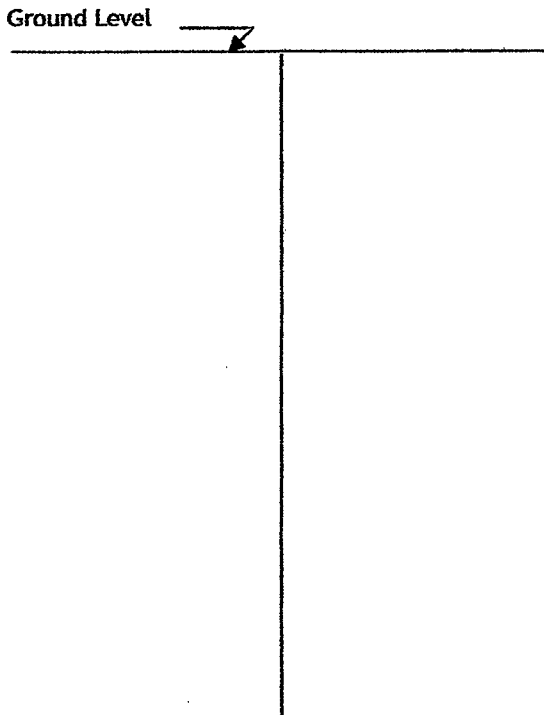
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County: Smith
 Permit #: _____

For Office Use Only:
 Well #: K40

The sketch below only required for water wells

If well telescopes, show depths 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)	To (depth)
Red SAND	Ground level	20
white SAND.	20	50'
Gray clay	50	120'
SAND.	120	200
SANDY clay	200	217'
SAND.	217	230'
Gray clay	230	250

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) north arrow



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Landowner Name: Hollis Blackwell

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 6-1-17 [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 #: K40
 Aquifer: _____

County: Smith
 Permit #: _____
 Driller: Will Barlow
 Date completed: 6-1-17
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>Hollis Blackwell #2</u>	Latitude: <u>31° 58' 35.1" N</u> Longitude: <u>89° 30' 35.8" W</u>
Mailing Address: <u>1054 SCR-90</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Raleigh</u> <u>MS</u> <u>39153</u>	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>30</u> T <u>2N</u> R <u>8E</u>
City State Zip Code	<u>1</u> Miles <u>SE</u> of <u>Raleigh</u>
Telephone No. <u>(601) 214-710</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-1-17 Rated Pump Capacity: 60 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: 200 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 6-1-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 133 Feet Below Land Surface Pumping Water Level (B): 175 Feet Below Land Surface

Drawdown [(B) - (A)]: 42 Feet Below Land Surface Test Pumping Rate: 72 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 6-1-17 al [Signature]

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

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