

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)

County: Smith
Permit #: _____
Driller: Will Barlow
Date drilling completed: 7-12-15

For Office Use Only:
Aquifer: _____
Well #: K41
L. S. Elevation: _____
E-log #: _____

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) Owner Name: <u>David Robinson #3</u> Mailing Address: <u>24254 Hwy 18E</u> <u>Raleigh MS 39153</u> City State Zip Code Telephone No. <u>(601) 382-7142</u>	<u>32-00-45</u> Well or Borehole Location <u>89-27-52</u> Latitude: <u>32° 01' 25" N</u> Longitude: <u>89° 46' 45.2" W</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 15 Twn 2N Rng 8E</u> Distance <u>6</u> Miles <u>E</u> Direction of <u>Raleigh</u> Nearest Town
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Well / Borehole Data

Date drilling started: 7-08-15 Date drilling completed: 7-12-15 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): _____

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: 7-12-15

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)

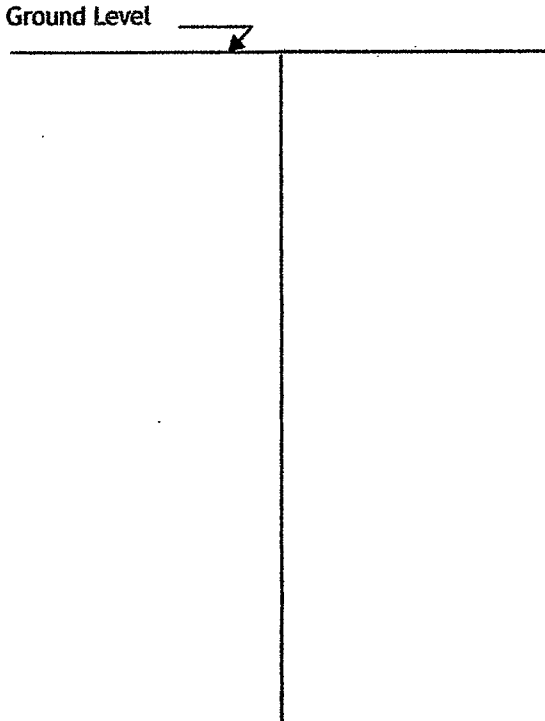
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County: _____
 Permit #: _____

For Office Use Only:
 Well #: K41

The sketch below only required for water wells

If well telescopes, show depths on sketch.



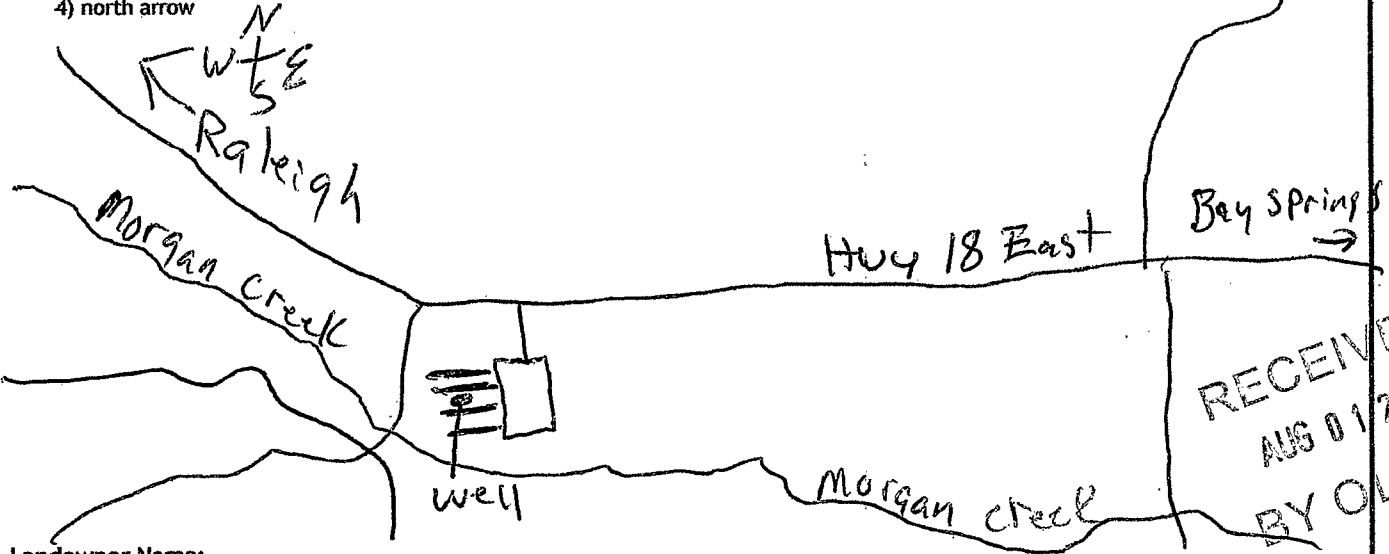
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	25
Rock	25	70
Sand & Clay streaks	70	140
Sand	140	160
Clay	160	_____

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



Landowner Name: _____

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 0-566 7-12-15 [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)

County: Smith
 Permit #: _____
 Driller: Will Berlow
 Date completed: 7-12-15
Copy information from block on Part 1

For Office Use Only:

Well #: K41
 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.

Well Owner Information			32-00-45 Well Location 89-27-52
Owner Name: <u>David Robinson #3</u>	Latitude: <u>32°12'25"N</u>		Longitude: <u>89°46'45.2"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 1/4 NE 1/4, Sec <u>15</u> T. <u>2N</u> R. <u>8E</u>		
City State Zip Code	<u>6</u> Miles <u>E</u> of <u>Raleigh</u>		
Telephone No. (601) <u>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: 7-12-15 Rated Pump Capacity: 35 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: 7-12-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): 85 Feet Below Land Surface

Drawdown [(B) - (A)]: 37 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 7-12-15 [Signature]

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

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