

### STATE WELL REPORT

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Service, Inc.  
 Date drilling completed: 5-6-14

**Part 1**  
**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 #: N 53  
 Aquifer: \_\_\_\_\_  
 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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Mike Evans</u> Mailing Address: <u>16770 Hwy 28</u> <u>Taylorsville</u> <u>Ms.</u> <u>39168</u> City State Zip Code Telephone No. <u>(601) 335-1699</u>		<b>Well or Borehole Location</b> Latitude: <u>31° 51' 19" N</u> Longitude: <u>89° 31' 28" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ <u>SW</u> <sup>NW</sup> <u>1/4</u> <u>NE</u> <sup>SE</sup> <u>1/4</u> , Sec <u>21</u> <sup>6</sup> <u>T</u> <u>1N</u> <sup>8</sup> <u>R</u> <u>9E</u> <u>± 5</u> Miles <u>NE</u> of <u>Taylorsville</u> (Distance) (Direction) (Nearest Town)	
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**Well / Borehole Data**

Date drilling started: 4-14-14 Date drilling completed: 5-6-14 Hole depth: 214 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: Community Water

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

Name of organization running log(s): \_\_\_\_\_

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): Chicken Houses

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

Static Water Level: 121 feet (above or below land surface) Date measured: \_\_\_\_\_  
 (circle one)

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

Well depth: 202' Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 183 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 182 feet to 202 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

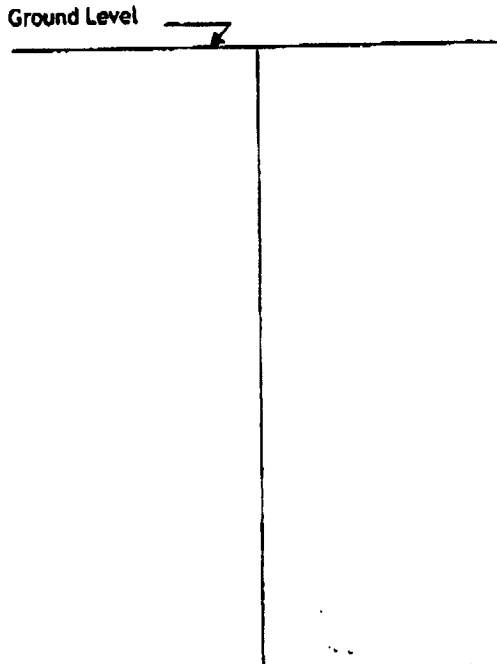
*If telescoped or more than one screen, describe on next page*

County: Smith  
 Permit #: \_\_\_\_\_

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



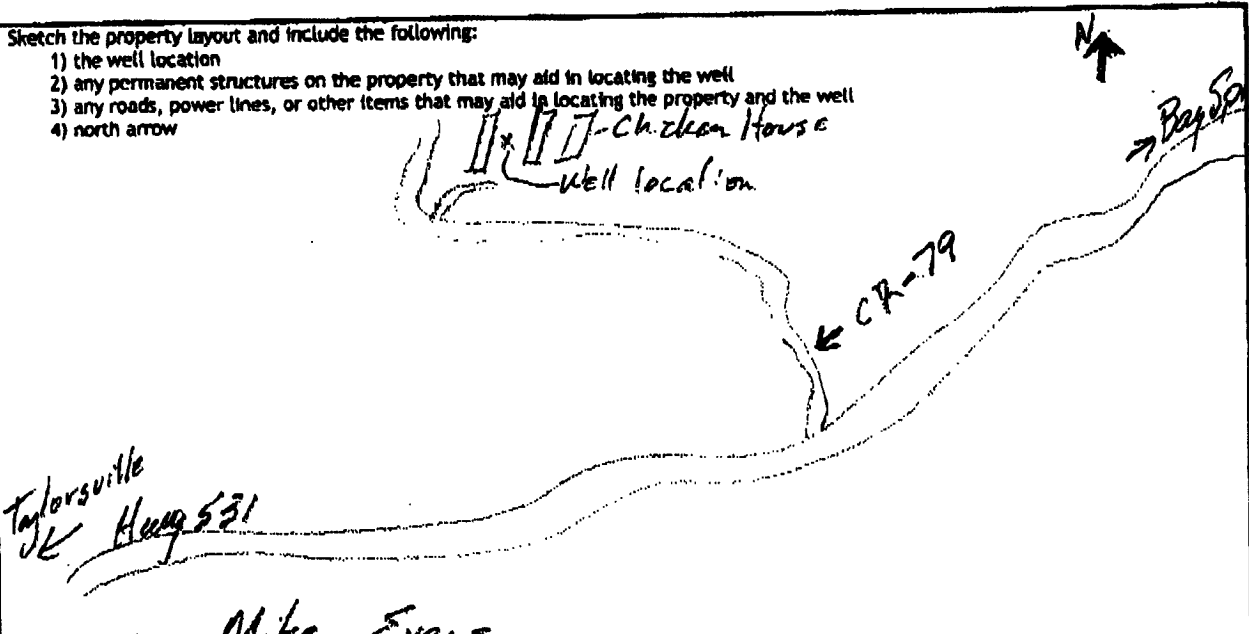
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground level	14
Sand + Gravel	14	41
Rock	41	41 1/2
Sand	41 1/2	54
Clay	54	57
Sand	57	60
Rock	60	61
Clay Tan - stiff	61	70
Rock	70	70 1/2
Clay light gray	70 1/2	182
Sand	182	207
Sandy clay	207	209
Clay gray	209	214

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: Mike Evans

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 Baudman 587  
 Print Name of Responsible Licensee and License No.

6-5-14  
 Date

Mike Baudman  
 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: A1 Drilling Serv. Inc.  
 Date completed: 5-6-14  
Copy information from block on Part 1

**For Office Use Only:**  
 Well #: N53  
 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	Well Location
Owner Name: <u>Mike Evans</u>	Latitude: <u>31° 57' 14" N</u> Longitude: <u>89° 31' 28" W</u>
Mailing Address: <u>16770 Hwy 28</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Taylorville</u> <u>Ms</u> <u>39168</u>	USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec. <u>216</u> T. <u>1N</u> R. <u>9E</u>
Telephone No. <u>(601) 335-1699</u>	<u>+5</u> Miles <u>NE</u> of <u>Taylorville</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5-6-14 Rated Pump Capacity: 55 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: 160 feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 121 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): \_\_\_\_\_

**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 587 6-5-14 Mike Baughman  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer