

STATE WELL REPORT

478

County: Smith
Permit #: _____
Driller: Chris Wells
Date drilling completed: 11-29-18

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)961-5555
(601)961-5228 (fax)

For Office Use Only:
Well #: 743
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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Randall Stringer</u>	Latitude: ^N <u>31°53'27</u> Longitude: <u>N 89°20'30</u>
Mailing Address: <u>416 SCR 11</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay Springs MS 39422</u> City State Zip Code	<u>SE 1/4 SE 1/4, Sec 26 T 1 N R 9 E</u>
Telephone No. <u>(601) 725-4050</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-29-18 Date drilling completed: 11-29-18 Hole depth: 120 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: Running Creek

Method of dosing and volume of Chlorine used in drilling and development: 2 lbs shock

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 70 feet above or below land surface Date measured: 11-29-18
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 100 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 ~~12~~ 111 feet to 120 feet

Type of completion (check 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

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JAN 22 2019

County: _____

Permit #: _____

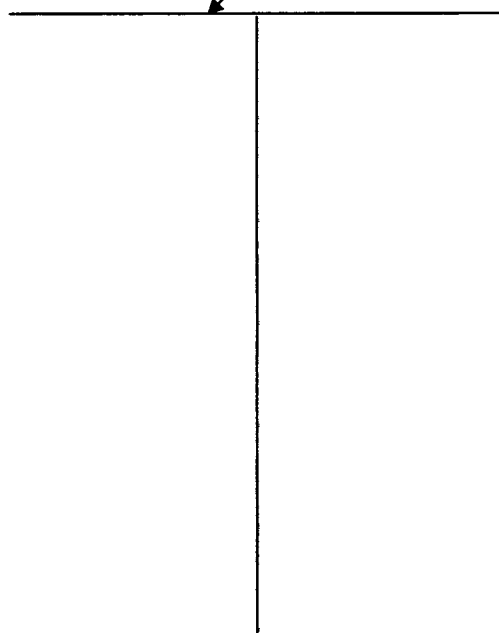
For Office Use Only:

Well #: 043

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
TOP SOIL		2 ft
Red Clay	2 ft	30 ft+
SAND	30	120

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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BY OLWR

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.

Christopher Wells 8814 11-29-18 Christopher Wells
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 #: 43
 Aquifer: _____

County: _____
 Permit #: _____
 Driller: Chris Wells
 Date completed: 11-29-18
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>Pandall Stringer</u>	Latitude: <u>N 31°53'27"</u> Longitude: <u>W 89°20'30"</u>
Mailing Address: <u>416 SCR 11</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay Springs</u> <u>MS</u> <u>39422</u> City State Zip Code	<u>SE 1/4 SE 1/4, Sec. 26 T. 1 N. R. 9 E</u>
Telephone No. <u>(601) 725 4050</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 11-29-18 Rated Pump Capacity: 10 GPM Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 90 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 11-29-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 80 Feet Below Land Surface Test Pumping Rate: 15 Gallons Per Minute

Method of measurement (check 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 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: RECEIVED

Meter Model Number/Name: _____ Type of Meter: JAN 22 2018

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: BY OLWR

Is This Meter (check 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.

Christopher Wells 8814 11-29-18 Christopher Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer