

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: P65
Aquifer: _____
E-Log #: _____

County: Smith
Permit #: _____
Driller: A-1 Drilling Serv. Inc.
Date drilling completed: 12-23-18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Rhonda Runnels</u>	Latitude: <u>31°49'22.3"N</u> Longitude: <u>89°38'31.9W</u>
Mailing Address: <u>369 S.R. 38</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Mt. Olive</u> <u>Ms.</u> <u>39119</u>	<u>NW</u> ^{SW} <u>SW</u> ^{NE} <u>NE</u> 1/4, Sec. <u>19</u> T <u>10N</u> R <u>16W</u>
City State Zip Code	<u>± 3</u> Miles <u>N</u> of <u>Mt. Olive</u>
Telephone No. <u>(601) 382-4405</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2-19-18</u> Date drilling completed: <u>2-23-18</u> Hole depth: <u>202</u> Hole diameter: <u>6 3/4"</u>
Location of the source of any surface water used for drilling: <u>Okatoma Water Assn (Customer tap)</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Chicken Houses</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>12.7</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>2-23-18</u> <small>(circle one)</small>
Method of measurement (circle one): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe): <u>Sonic</u>
Well depth: <u>200</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>181'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>slotted PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>180</u> feet to <u>200</u> feet
Type of completion (circle all applicable): <input type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

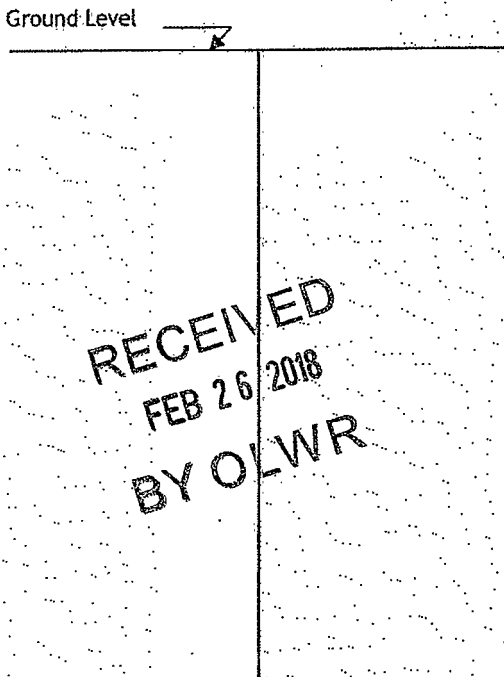
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BY OLWR

County: Smith
 Permit #: _____

For Office Use Only:
 Well #: P65

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

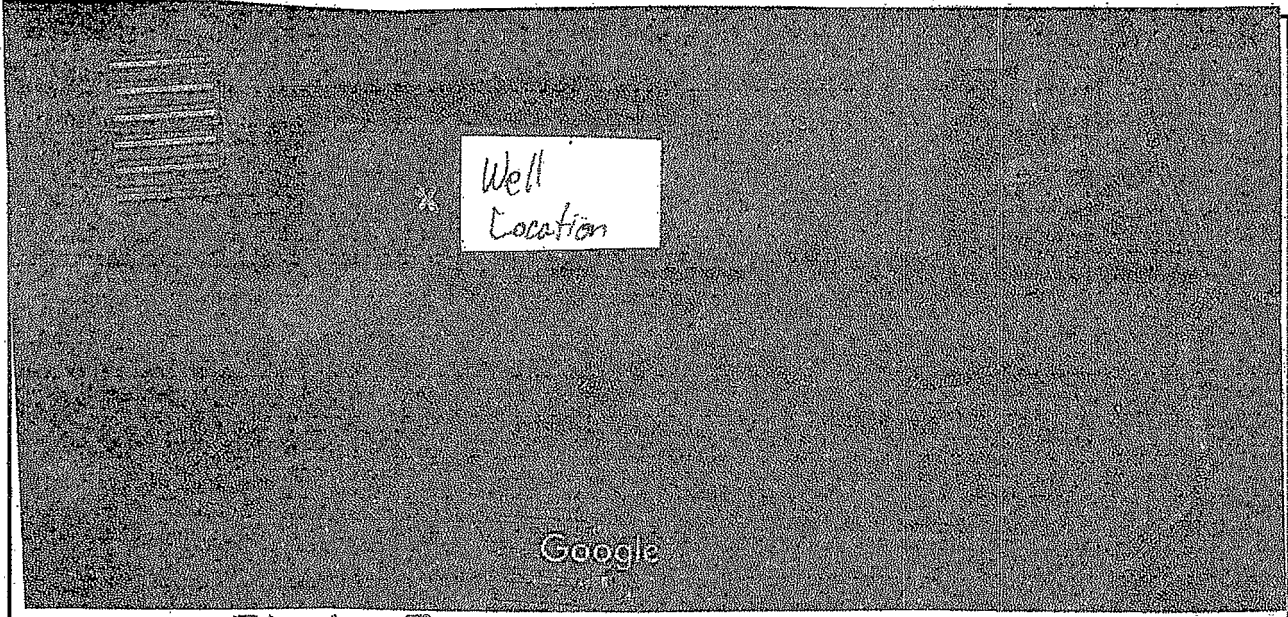


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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

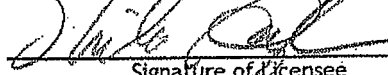
Description of Formations Encountered	From (depth)	To (depth)
Red sandy clay	Ground level	3
Dark gray clay	3	8
Light gray clay	8	18
Sandy light gray clay	18	43
Light gray clay	43	45
Sand	45	68
Sandstone	68	-
Tan clay	68	85
Gray clay	85	138
Clay w/ sandy streaks	138	159
Sand	159	203
Rock	203	

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



Landowner Name: Rhonda Runnels

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 Baughman 587 
 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: A-1 Drilling Serv. Inc.
 Date completed: 2-23-18
Copy information from block on Part 1

For Office Use Only:

Well #: P65
 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>Rhonda Runnels</u>	Latitude: <u>31° 49' 22.3" N</u> Longitude: <u>89° 38' 31.9" W</u>
Mailing Address: <u>369 SCR 38</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mt. Olive</u> <u>Ms.</u> <u>39119</u>	<u>NW SW NE</u> <u>1/4 300 1/4</u> , Sec. <u>19</u> T <u>10N</u> R <u>16W</u>
City State Zip Code	<u>± 3</u> Miles <u>N</u> of <u>Mt. Olive</u>
Telephone No. <u>(601) 382-4405</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 2-23-18 Rated Pump Capacity: 65 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: 100 feet Number of Stages: 16

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 12.7 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): Sonic

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 Bawhman 587 [Signature]

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

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