

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 #: Q70
Aquifer: _____
E-Log #: _____

County: Smith
Permit #: _____
Driller: Keith Parker
Date drilling completed: 10-11-16

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>Joey Robinson</u>	Latitude: <u>31.812867</u> Longitude: <u>-89.476886</u> <u>31-48-46</u> <u>89-28-15</u>
Mailing Address: <u>278 Scr 12</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Taylorville MS 39168</u> City State Zip Code	<u>NE 1/4 NE 1/4, Sec 26 T 10 N R 15 W</u>
Telephone No. <u>(601) 452 0194</u>	<u>3</u> Miles <u>SW</u> of <u>Taylorville MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-10</u> Date drilling completed: <u>10-11</u> Hole depth: <u>215</u> Hole diameter: <u>6 1/2</u>
Location of the source of any surface water used for drilling: <u>NONE</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>2 GAL ^{BLEACH} per 1000 WATER</u>
Logs run (circle all applicable): 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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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 checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>215</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>195</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>PVC</u>
Screen slot size: <u>8</u> inches Setting depth: From <u>195</u> feet to <u>215</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Development
Other (describe): <u>Air Comp.</u>
Top of lap pipe or reduction in casing: <u>2</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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Form: OLWR-10WR-1047 2016
SEP 26 2016

BY OLWR

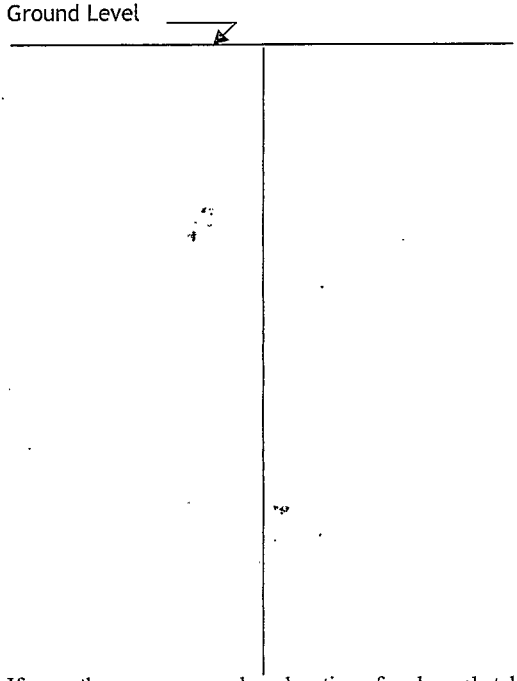
County: Smith
Permit #: _____

For Office Use Only:
Well #: Q70

The sketch below only required for water wells

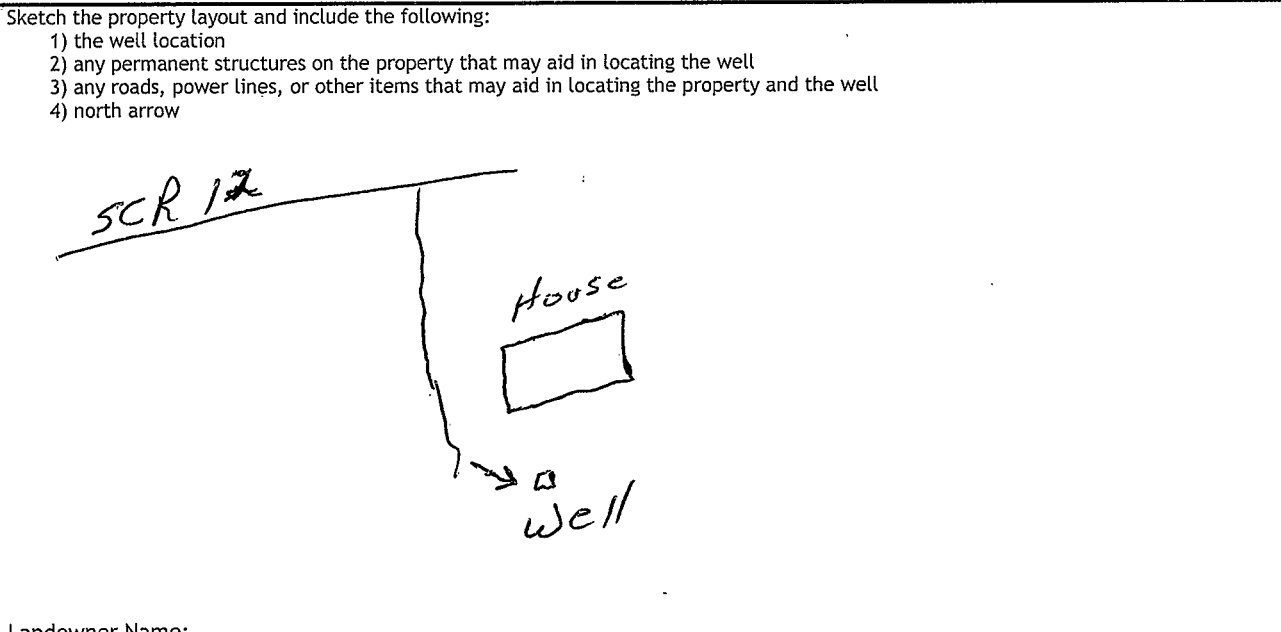
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
SAND	0	20
CLAY	20	100
SAND	100	110
CLAY	110	185
SAND	185	215

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



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.

Keith Parker 02402 10-24-16 Keith Parker
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: Q70
Aquifer: _____

County: Smith
Permit #: ~~07402~~
Driller: Keith Parker
Date completed: 10-12-16
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Joey Robinson</u> Mailing Address: <u>278 SCR 12</u> <u>TAYLORSVILLE MS 39168</u> City State Zip Code Telephone No. <u>(601) 452-0194</u></p>	<p>Well Location <u>31-48-46 89-28-15</u> Latitude: <u>31.812867</u> Longitude: <u>-89.470886</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE 1/4 NE 1/4, Sec 26 T10N R15W</u> <u>3</u> Miles <u>SW</u> of <u>TAYLORSVILLE</u> (Distance) (Direction) (Nearest Town)</p>
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Pump Type (circle one)

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

Date Pump Installed: 10-11-16 Rated Pump Capacity: 20 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: 1hp Setting Depth: 120 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 10-11-16 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 52 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 25 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.

Keith Parker # 07402 10-24-16 Keith Parker
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-2A (4/15)

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