258

County: Smith
Permit #:
Driller: Keith Parker
Date drilling completed: 9-17-18

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 #: R116
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
(Landowner if borehole is not for a water well)
Owner Name: Flora Moffett
Mailing Address:
Taylorsville MS 39168
City State Zip Code
Telephone No. (____)

Well or Borehole Location
Latitude: 31.826111 Longitude: -89.375000
31-49-34 89-22-30
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
NW ¼ NE ¼, Sec 23 ✓ T 10 N ✓ R 14W ✓
4 Miles E of Taylorsville
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 9-10-18 Date drilling completed: 9-17-18 Hole depth: 250 Hole diameter: 6 1/2
Location of the source of any surface water used for drilling: None
Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000
Logs run (*circle all applicable*): No log run Electric (Gamma Ray) Density Sonic Neutron Other:
Name of organization running log(s): MDEQ
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

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Purpose of Well (*circle all applicable*): (Home) Industrial Public Supply Irrigation Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve _____ Other (*describe*)
Static Water Level: 60 feet [above or below] land surface (*circle one*) Date measured: 9-16-18
Method of measurement (*circle one*): Steel tape ~~Electric tape~~ Air line Other (*describe*):
Well depth: 250 Well grouted to a depth of: 10 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix
Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 8 inches Setting depth: From 225 feet to 245 feet
Type of completion (*circle all applicable*): Gravel packed Underreamed Open hole (Natural Development)
Other (*describe*):
Top of lap pipe or reduction in casing: 2 feet
If telescoped or more than one screen, describe on next page

County: Smith

Permit #: _____

For Office Use Only:

Well #: R116

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

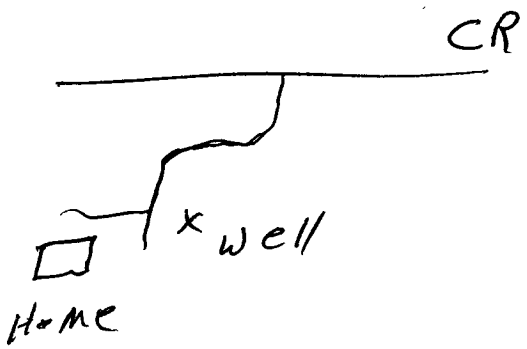
If more than one screen, show location of each on sketch

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*)
	Ground level	

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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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 regulatio if applicable, and state laws.

Keith Parker #7402 — 10-1-18 — Keith Parker

Print Name of Responsible Licensee and License No. | Date | Signature of Licensee

Form: OLWR-SWR-1B (*4/13*)

STATE WELL REPORT

County: Smith
Permit #:
Driller: Keith Parker
Date completed: 9-17-18
Copy information from block on Part 1

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 #: R116
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

Owner Name: Flora Moffett
Mailing Address:
Taylorsville MS 39168
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 31.826111 Longitude: -89.375000
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
NW ¼ NE ¼, Sec 23 T 10 N R 14 W
4 Miles E of Taylorsville
(Distance) (Direction) (Nearest Town)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 9-16-18 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: 1½ Setting Depth: 140 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 9-16-18 Duration of Pump Test (*minimum 4 hours*): 6 hours
Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 40 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: 60 feet.
Well yielded 20 GPM with a drawdown of 100 feet after 6 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Keith Parker #7402 — Print Name of Pump Installer and License No. (*if applicable*)
9-17-18 — Date
Keith Parker — Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)