

STATE WELL REPORT

145

County: Tallahatchie
 Permit #: _____
 Driller: Joel Jumper
 Date drilling completed: 6-9-14

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

For Office Use Only:

Well #: E 92
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Brian Gee</u>	Latitude: <u>34-03-00</u> Longitude: <u>90-09-42</u>
Mailing Address: <u>1044 B Clyde Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Como</u> State: <u>Ms</u> Zip Code: <u>38619</u>	NW <u>1/4</u> SE <u>1/4</u> , Sec <u>11</u> T <u>25N</u> R <u>1E</u>
Telephone No. <u>(662) 934-9620</u>	<u>6</u> Miles <u>S</u> of <u>Crowder</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-19-14 Date drilling completed: 6-19-14 Hole depth: 96 Hole diameter: 16in
 Location of the source of any surface water used for drilling: Nearest well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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): Wash Equipment + spray equipment
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 9 feet above or below land surface Date measured: 6-19-14
(check one)
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 96 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 76 feet Casing diameter: 4 inches Type of casing: pvc
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc
 Screen slot size: 0.13 inches Setting depth: From 0 feet to 0 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

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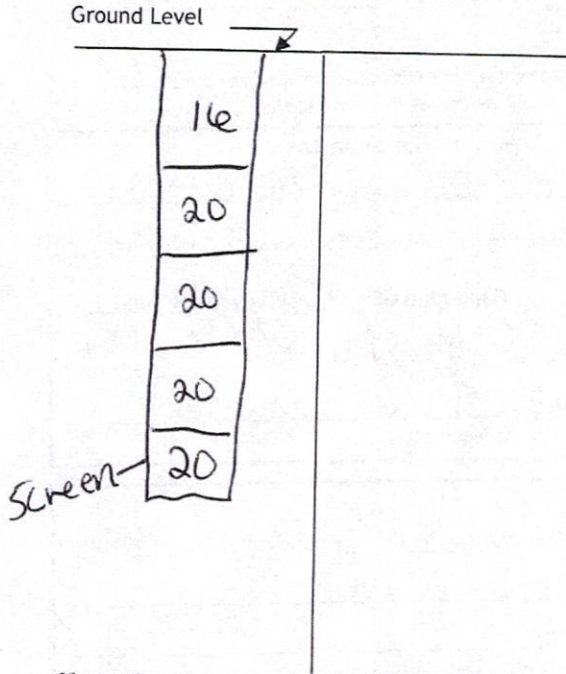
If telescoped or more than one screen, describe on next page

County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



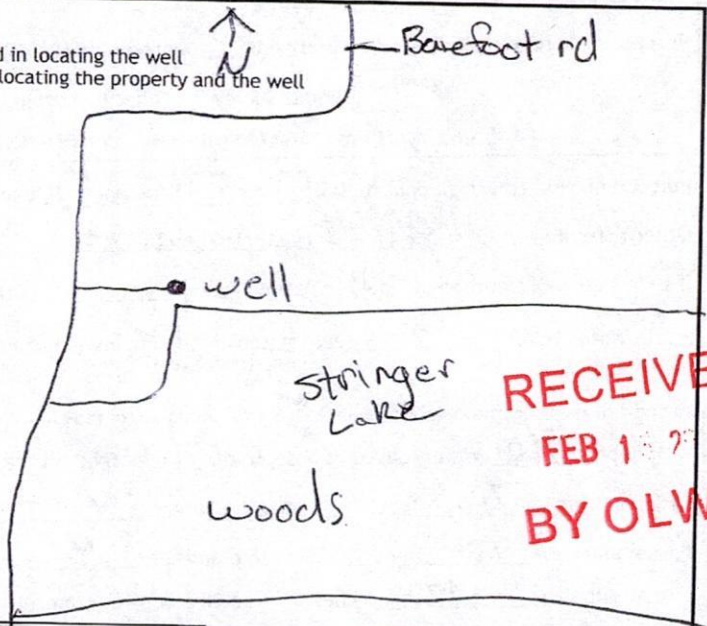
If more than one screen, show location of each on sketch

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)
Top soil	Ground level	20
Fine sand	20	40
Sand	40	60
Course sand	60	80
Course sand	80	96

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: Brian Gee

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.

Joel Jumper 5317
 Print Name of Responsible Licensee and License No.

6-10-14
 Date

[Signature]
 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: Tallahatchie
Permit #: _____
Driller: Joel Jumper
Date completed: 6-10-14
Copy information from block on Part 1

For Office Use Only:
Well #: E 92
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>Brian Gee</u>	Latitude: <u>34-03-00</u> Longitude: <u>90-09-42</u>
Mailing Address: <u>1044B Clyde Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Como</u> <u>Ms</u> <u>38619</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>MW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>11</u> T <u>25N</u> R <u>1E</u>
Telephone No. <u>(662) 934-9620</u>	<u>6</u> Miles <u>S</u> of <u>Crowder</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-10-14 Rated Pump Capacity: 100 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: 2 Setting Depth: 50 feet Number of Stages: 4

Pump Test Data for Non Flowing Well
Date Well Tested: 6-10-14 Duration of Pump Test (minimum 4 hours): 8 hours
Static Water Level (A): 9 Feet Below Land Surface Pumping Water Level (B): 24 Feet Below Land Surface
Drawdown [(B) - (A)]: 24 Feet Below Land Surface Test Pumping Rate: 100 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 _____ 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 (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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Jumper 5317 6-10-14 Joel Jumper
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer