

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 #: F74

Aquifer: _____

E-Log #: _____

County: Fallhatchie OK
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 8-15-15

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)	Well or Borehole Location
Owner Name: <u>Troy Smith</u>	Latitude: <u>34.082333</u> Longitude: <u>89.879944</u>
Mailing Address: <u>243 Sarah Dickens Rd.</u>	<u>34-03-24</u> <u>90-02-02</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Sardis</u> <u>MS</u> <u>38666</u> City State Zip Code	USGS quad: _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (662) <u>604-0243</u>	<u>NE 1/4 NE 1/4, Sec 12 T 25N R 2E</u> <u>4</u> Miles <u>N</u> of <u>Charleston, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-15-15 Date drilling completed: 8-15-15 Hole depth: 180' Hole diameter: 7"

Location of the source of any surface water used for drilling: water hydrant

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

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: 31' feet [above or below] land surface Date measured: 8-22-15
(circle one)

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

Well depth: 180' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140' feet Casing diameter: 4 inches Type of casing: PVC sch 40

Screen length: 40' feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 013 inches Setting depth: From 140 feet to 180 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: -0- feet

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

RECEIVED

SEP 23 2015

Form: OLWR-SWR-1A (4/13)

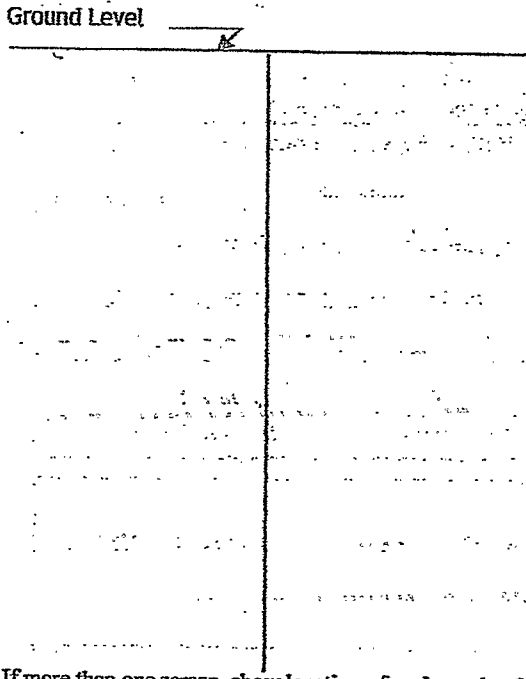
BY: OLWR

County: Tallahatchee
 Permit #: _____

For Office Use Only:
 Well #: F74

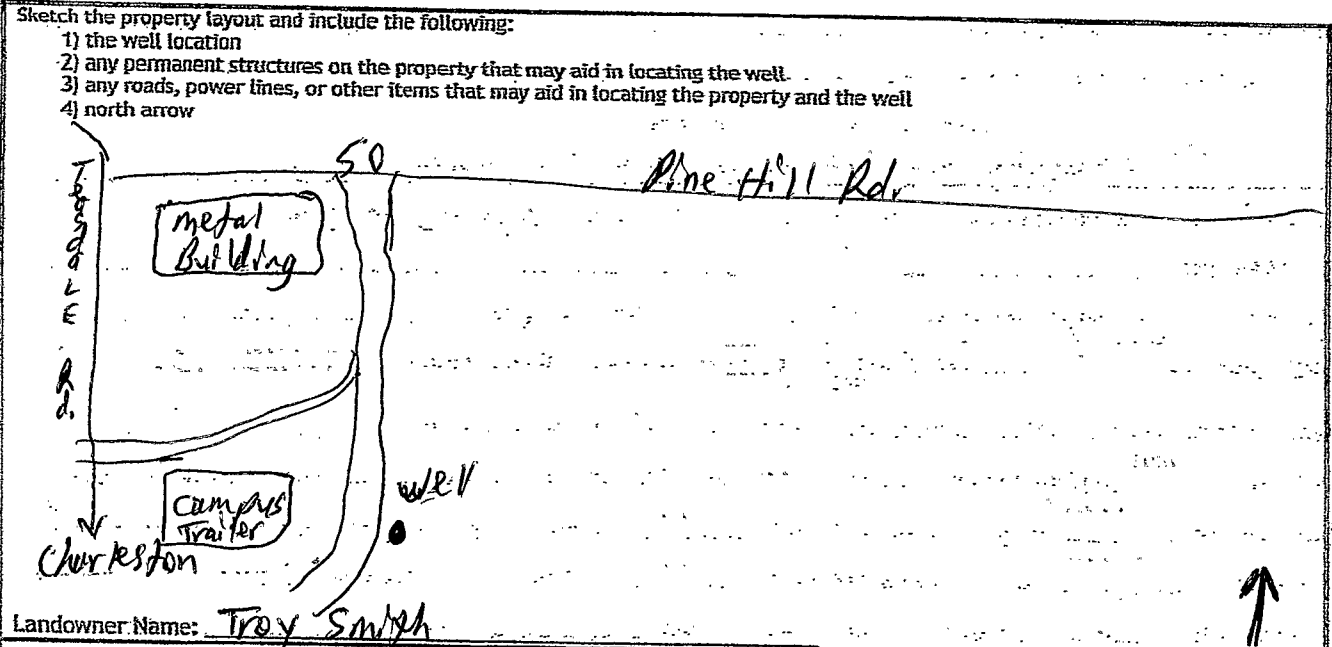
The sketch below only required for water wells
 If well telescopes, show depths on sketch.

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 & Clay	Ground level	24
heavy gravel	24	45
clay, little sand	45	60
sand	60	75
sand + wood	75	80
sand	80	85
clay, very little sand	85	100
clay	100	140
little sand & clay	140	145
sand + little clay	145	180

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



Landowner Name: Troy Smith

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.

Willie L. Bryant 0-639 8-22-15 Willie L. Bryant
 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: Tallahatchie
 Permit #: _____
 Driller: W. Bryant
 Date completed: 8-22-15
 Copy information from block on Part 1

For Office Use Only:

Well #: E74
 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>Troy Smith</u>			<u>34-03-24</u>	<u>90-02-02</u>
Mailing Address: <u>243 Sarah Dickens Rd.</u>			Latitude: <u>34° 08' 23.33"</u>	Longitude: <u>-89° 07' 59.44"</u>
<u>Sardis</u> MS <u>38666</u>	City	State	Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 604-0243</u>			<u>NE 1/4 NE 1/4, Sec 12 T 25 N R 2 E</u>	<u>4</u> Miles <u>N</u> of <u>Charleston, MS</u>
			(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-22-15 Rated Pump Capacity: 12 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: 1 HP Setting Depth: 170 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 8-22-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 31' Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 109 Feet Below Land Surface Test Pumping Rate: 11 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 11 GPM with a drawdown of 109 feet after 4 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.

Wilne L. Bryant 0-639 8-23-15 Wilne L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 SEP 23 2015
 BY: OLWR