## County: Laboratchie Permit #: MS-GW-50638 Driller: Joel Jumper Date drilling completed: 11-29-18

## **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

Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

| For Office Use Only: |  |  |  |
|----------------------|--|--|--|
| Aquifer:             |  |  |  |
| Well #:K129          |  |  |  |
| L. S. Elevation:     |  |  |  |
| E-log #:             |  |  |  |

Form: OLWR-SWR-1A (04/08)

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 boxehole.

| Department at the above address within 30 days of comp   | pletion of drilling of the well or borehole.  |  |  |  |  |
|--|---|--|--|--|--|
| Information on Well Owner  | Well or Borehole Location   |  |  |  |  |
| (Landowner if borehole is not for a water well)  Owner Name Paul Fortner   | Latitude: 33 °58 ' 13 " Longitude: 90 ° 9 ' 8 "   |  |  |  |  |
| Mailing Address: PO Box 480  | Method of Lat/Long (circle one): Conventional Survey,   |  |  |  |  |
|  | USGS quad, Hand-held GPS, Survey-grade GPS  |  |  |  |  |
| Sumner Ms 38957 City State Zip Code  | SE 1/3 Sec 17 Twn 250 Rng OHU  NW NW 12 34N  Distance Direction Nearest Town  1.5 Miles ESE of COWACH |  |  |  |  |
| Telephone No. ()   |   |  |  |  |  |
| Well / Bore  | hole Data   |  |  |  |  |
| Date drilling started: 11-29-18 Date drilling completed: 11-29-18 Hole depth: 105 Hole diameter: 22-in   |   |  |  |  |  |
| Location of the source of any surface water used for drilling: Necrest Well  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 (check one): Water Well Geotechnical/Geolo   | gical Investigation Ground Source Head 1 2019   |  |  |  |  |
| Seismic Survey Other (describe)  If drilling is not related to water well construction   | skin the remainder of this block SVOIWR   |  |  |  |  |
| Purpose of Well (check one): HomeIndustrial _ Public Supply _ Irrigation _ Fish CultureOther:Uildife _ Mana_   |   |  |  |  |  |
| If a flowing well, method of flow regulation: Valve Other (describe)   |   |  |  |  |  |
| Static Water Level: 13 feet above or below circle one) land surface Date measured: 11-30-18  |   |  |  |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other:  |   |  |  |  |  |
| Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix   |   |  |  |  |  |
| Casing length: 65 feet Casing diameter: 10 inches Type of casing: PUC  |   |  |  |  |  |
| Screen length: 40 feet Screen diameter: 10 inches Type of screen: 000  |   |  |  |  |  |
| Screen slot size:inchesSetting depth: From   | ofeet to (0) feet   |  |  |  |  |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development   |   |  |  |  |  |
| Other (describe):  |   |  |  |  |  |
| Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page   |   |  |  |  |  |

matches map

| The sketch below only required for water wells |                             |              |               |            |
|--|-----------------------------|--------------|---------------|------------|
|  | <i>telescop</i><br>ound Lev |              | oths on sketc | <u>t</u> . |
|  | 5                           |              |               |            |
|  | 20                          |              |               |            |
|  | -20                         | <del> </del> |               |            |
|  | 20                          | -            |               |            |
| 001  | 20                          |              |               |            |
| siren  | 20                          |              |               |            |
|  |                             |              |               |            |
|  |                             |              |               |            |

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)   |
|---------------------------------------|--------------|--------------|
| 100 1001                              | Ground Level | 30           |
| Sand.                                 | 20           | 40           |
| Course sond                           | 40           | 60           |
| Course sand                           | 60           | 80           |
| arovel                                | 80           | 100          |
| gravel                                | 100          | 105          |
|                                       |              |              |
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|                                       |              |              |

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

| Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow. | property that may property than the well: Charlestor |
|---|--|
| MAL   | - INFR   |
| BY  | OLVI   |
| 3) Cowart Blue Kilm   | e /  |
| 32 Cowart Blue RT   |  |
| Mation rd   | د  |
| wéil k  | FA   |
| 3/  |  |
| Landowner Name: Paul Fortner  |  |
| For   | m: OLWR-SWR-1A (04/08)                               |

I 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 11-27-18

Print Name of Responsible Licensee and License No.

Date

Signature of Licensce

## 61050A56 STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 2309 K129 Jackson, MS 39225 Well #: Date completed: (601)961-5210 (601)961-5228 (fax) Elevation: 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. Well Owner Information Well Location Owner Name: Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad \_\_\_, Hand-held GPS V\_, Survey-grade GPS Distance 15 Miles ESF Telephone No. (\_\_\_\_) of CALLAN **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 11-29-18 O to (O) Setting Depth: 1.900 Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): \_\_dS\_\_Feet Below Land Surface

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

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

Signature of Pump Installer

For flowing well, measured shut in head:

Well yielded \_\_\_\_\_ GPM with a drawdown of

feet after hours of pumping

Feet Below Land Surface

Gallons Per Minute

Drawdown [(B) - (A)]:

Test Pumping Rate:

Duration of Pump Test (minimum 4 hours):

Form: OLWR-SWR-1B (04/08)