

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 #: 0138
Aquifer: _____
E-Log #: _____

County: Tallahatchie
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 1-31-15

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.

<p style="text-align: center;">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Primus Wheeler Sr.</u> Mailing Address: <u>96 Harnis Dr.</u></p> <p><u>Charleston</u> MS <u>38921</u> City State Zip Code</p> <p>Telephone No. <u>(662) 588-9332</u></p>	<p style="text-align: center;">Well or Borehole Location <u>90° 15' 54"</u></p> <p>Latitude: <u>33° 53' 32" N</u> Longitude: <u>090° 15.91' W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p>USGS quad <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>2</u> T. <u>23N</u> R. <u>1W</u></p> <p><u>8 1/2</u> Miles <u>SE</u> of <u>Webb MS</u> (Distance) (Direction) (Nearest Town)</p>
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<p>Well / Borehole Data</p>
<p>Date drilling started: <u>1-31-15</u> Date drilling completed: <u>1-31-15</u> Hole depth: <u>140'</u> Hole diameter: <u>7"</u></p> <p>Location of the source of any surface water used for drilling: <u>Nearby ditch</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorine Tablets</u></p> <p>Logs run (circle all applicable): <input checked="" type="checkbox"/> 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: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____</p> <p style="text-align: center;"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture</p> <p>Other (describe): _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>25</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>1-31-15</u> (circle one)</p> <p>Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonic water level meter</u></p> <p>Well depth: <u>140</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix</p> <p>Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH-40</u></p> <p>Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u></p> <p>Screen slot size: <u>.013</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet</p> <p>Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: <u>-0-</u> feet</p> <p style="text-align: center;"><i>If telescoped or more than one screen, describe on next page</i></p>

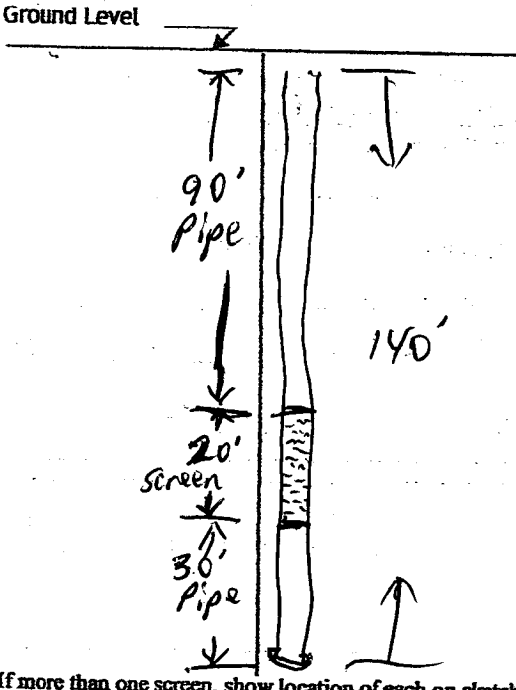
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County: Tallahatchie
 Permit #: _____

For Office Use Only:
 Well #: 0138

The sketch below only required for water wells

If well telescopes, show depths on sketch



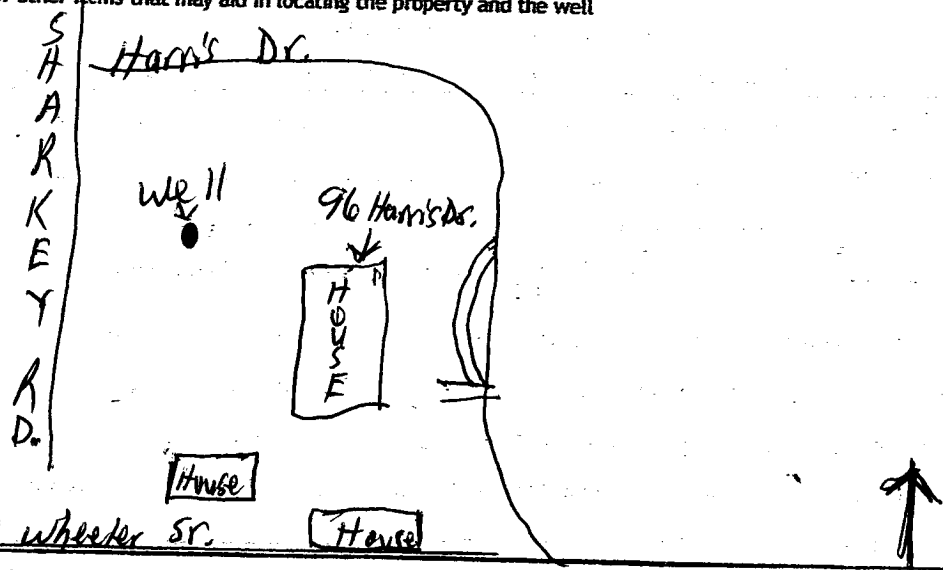
If more than one screen, show location of each on sketch

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)
Clay	Ground level	30
Brown Sand	30	40
Coarse Sand	40	60
Coarse sand + gravel	60	110
Clay	110	140

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



Landowner Name: Primus Wheeler Sr.

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 2-7-15 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: Willie Bryant
 Date completed: 2-7-15
Copy information from block on Part 1

For Office Use Only:

Well #: 0138
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Primus Wheeler Sr.</u> Mailing Address: <u>96 Harris Dr.</u> <u>Charleston</u> <u>MS</u> <u>38921</u> City State Zip Code Telephone No. <u>(662) 588-9332</u></p>	<p>Well Location <u>33° 53' 32" N</u> <u>90° 15' 54" W</u> Latitude: <u>33 53.54 N</u> Longitude: <u>090 15.91 W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec <u>2</u> T<u>23</u>N R<u>1</u>W <u>8.5</u> Miles <u>SE</u> of <u>Webb, MS</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: 1-31-15 Rated Pump Capacity: 60 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: 2 Setting Depth: 80 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: 2-7-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic Water Level meter

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 75 GPM with a drawdown of 5 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.

Willie L. Bryant 0-639 2-7-15 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

MAR 17 2015

BY: OLWR