

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)964-5248
(601)368-8535 (fax)

For Office Use Only:

Well #: B232

Aquifer: _____

E-Log #: _____

County: TATE

Permit #: _____

Driller: Bob Smith

Date drilling completed: 12-20-17

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>KESHON BACHUS</u>	Latitude: <u>34°42'38.59</u> Longitude: <u>89°55'20.90</u>
Mailing Address: <u>634 PALESTINE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CORNWATER MS 38618</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NE 1/4, Sec 27 T45 R7W</u>
Telephone No. <u>(713) 419-5325</u>	Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-20-17</u> Date drilling completed: <u>12-20-17</u> Hole depth: <u>300</u> Hole diameter: <u>8</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>5 PPM</u>
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): <u>Water Well</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block.</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial _____ Public Supply _____ <u>Irrigation</u> Fish Culture _____
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>43</u> feet (above or <u>below</u> land surface) Date measured: <u>12-20-17</u> (circle one)
Method of measurement (circle one): Steel tape _____ <u>Electric tape</u> _____ Air line _____ Other (describe) _____
Well depth: <u>300</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement _____ <u>Benotite</u> _____ Mix _____
Casing length: <u>280</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>13 THOUS</u> inches Setting depth: From <u>280</u> feet to <u>300</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> _____ Underreamed _____ 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

STATE WELL REPORT

County: FOLE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 12-21-17
 See 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 2389
 Jackson, MS 39275-2389
 (601) 351-5210
 (601) 353-0555 (fax)

For Office Use Only:

Well #: B232
 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 the report filed with the Department of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>KESHAV BACHUS</u>	Latitude: <u>39°42'38.59</u> Longitude: <u>89°55'20.90</u>
Mailing Address: <u>634 PRAESTINE</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>COLDWATE MS. 38618</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW ¼ NE ¼ Sec 27 T 4S R 7W</u>
Telephone No. <u>713 419-5325</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-21-17 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: 5 Sizing Depth: 60 feet Number of Stages: 14

Pump Test Data for Non-Flowing Well

Date Well Tested: 12-21-17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 43 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: 70 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 70 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 (e.g. x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

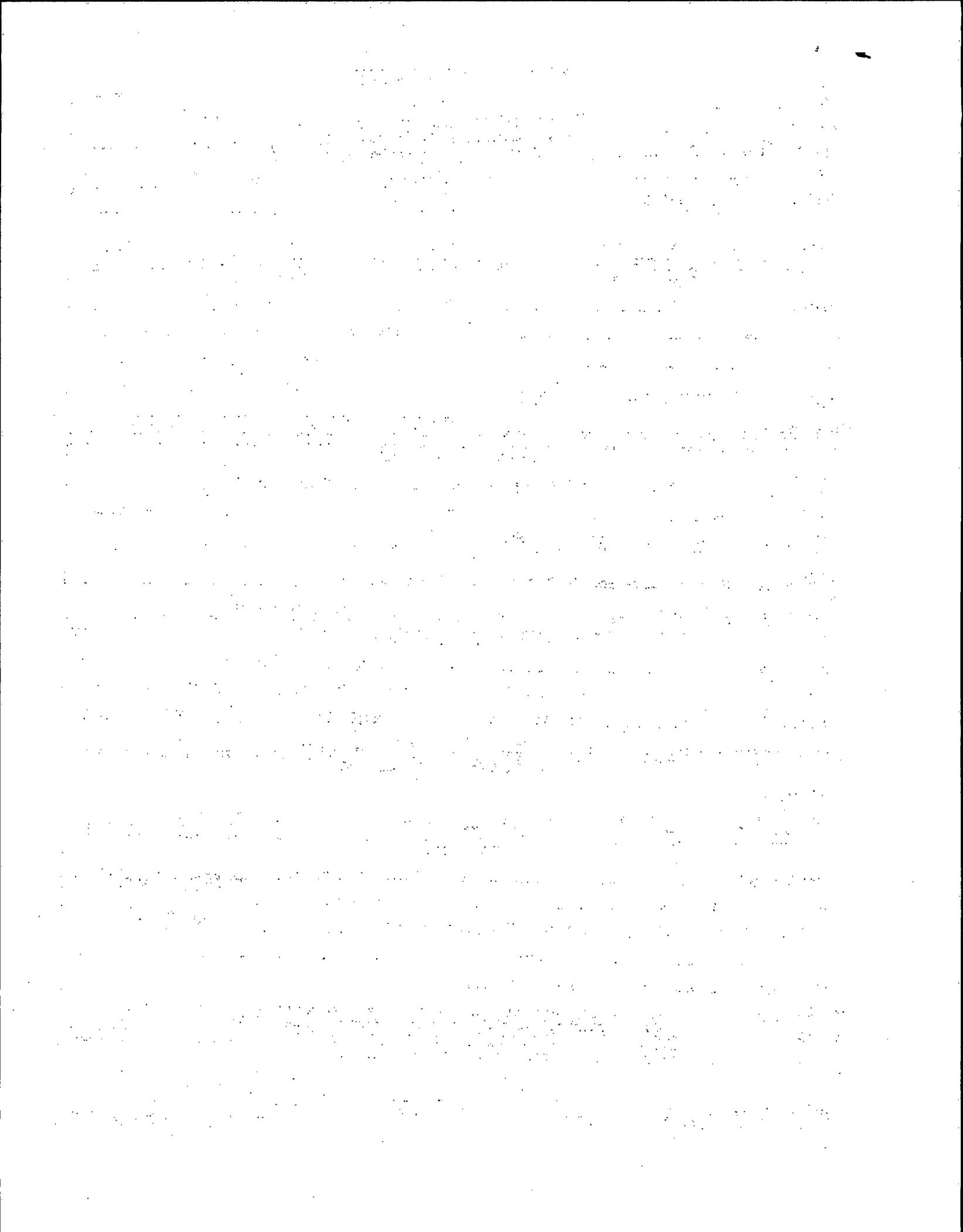
Important: By submitting this report you are certifying that this meter was installed by manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

BOB SMITH 15645 1-19-18 _____

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

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BY OLWR

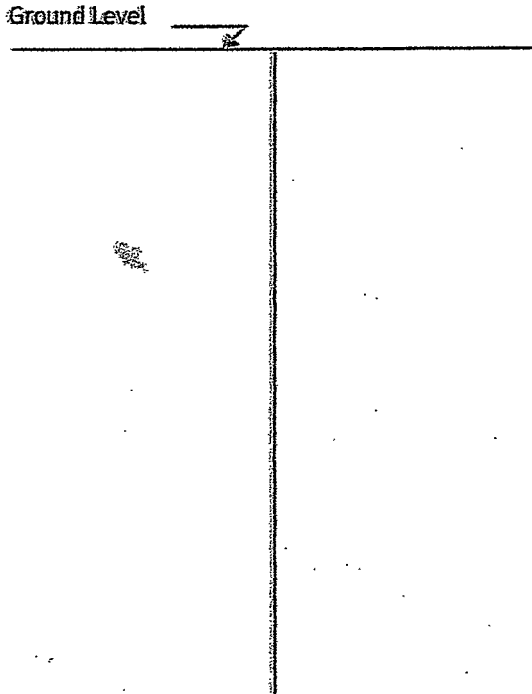


County: Tipton
 Permit #: _____

For Office Use Only:
 Well #: B232

The sketch below only required for water wells

If well telescopes, show depths on sketch.



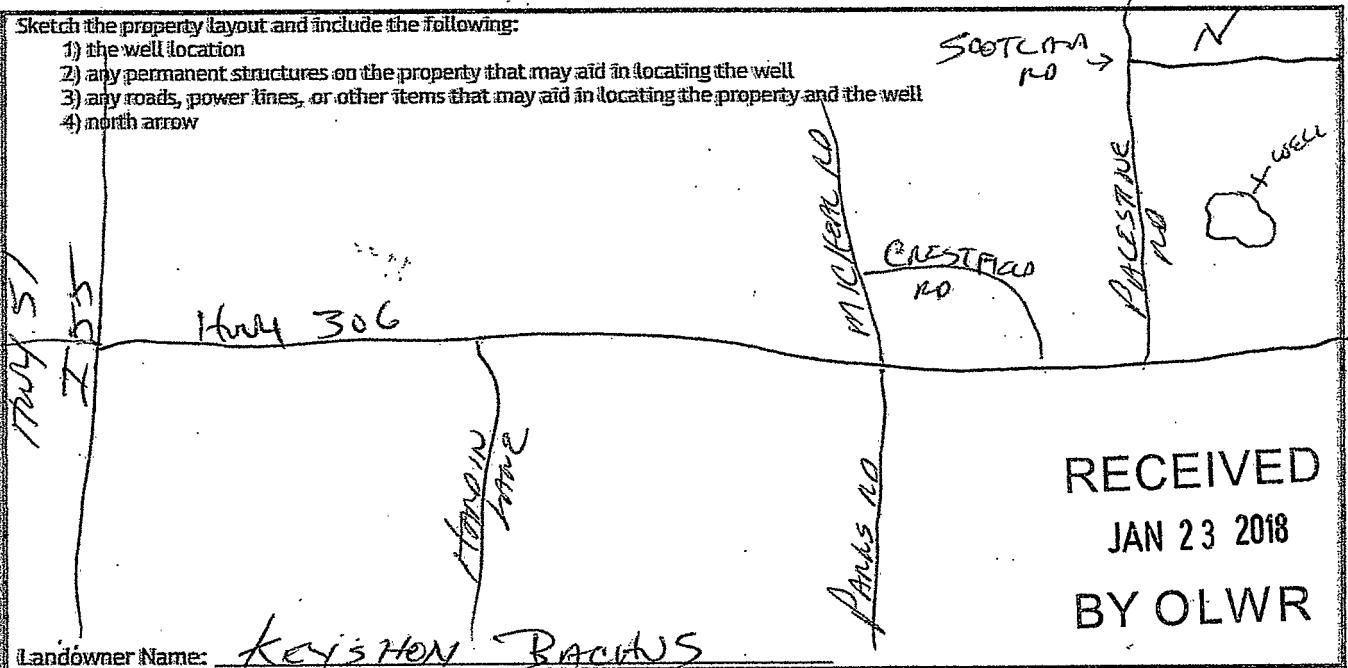
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	18
REDDISH CLAY + SAND	18	30
GRAVEL	30	40
WHITE CLAY	40	110
WHITE CLAY + SAND	110	190
WHITE SAND	190	205
WHITE CLAY + SAND	205	260
WHITE SAND	260	300

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 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: KEYSTON BACHUS

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.

Bob Smith 0645 1-19-18
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee