

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 #: F103
Aquifer: _____
E-Log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 4-25-14

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>WHEELER HONES</u>	Latitude: <u>34°40'41.38" N</u> Longitude: <u>90°01'45.35" W</u>
Mailing Address: <u>LOT 12</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CHERRY DARE</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>COLDWATER MS. 38618</u>	<u>SW 1/4 NE 1/4, Sec 3 T155 R18W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>SW</u> of <u>COLDWATER</u>
Telephone No. <u>(901) 830-2629</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Well / Borehole Data
Date drilling started: <u>4-25-14</u> Date drilling completed: <u>4-25-14</u> Hole depth: <u>155</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 <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: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>
Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

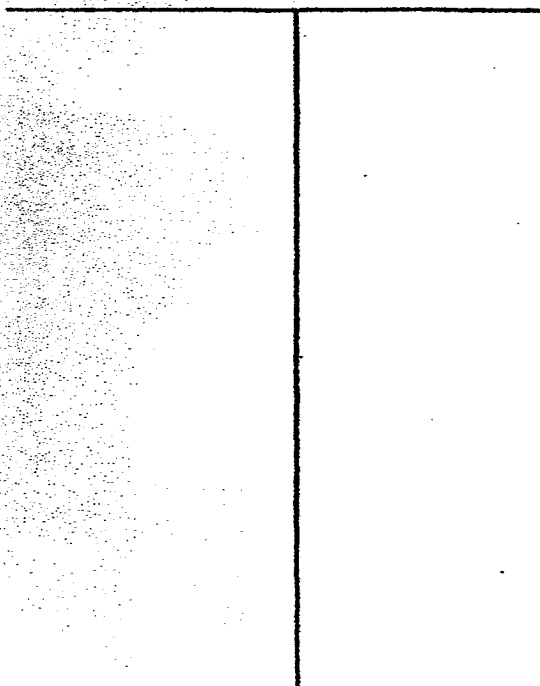
Purpose of Well (circle all applicable): <u>Home</u> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>70</u> feet [above or <u>below</u> land surface (circle one)] Date measured: <u>4-25-14</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>LINE & WEIGHT</u>
Well depth: <u>155</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> Mix <input type="checkbox"/>
Casing length: <u>145</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>13</u> inches Setting depth: From <u>145</u> feet to <u>155</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

Tate Co.

F103

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	20
REDDISH CLAY SAND	20	40
GREY CLAY	40	110
WHITE CLAY	110	120
WHITE SAND	120	155

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) indicate direction.

Landowner Name: WHEELER Homes

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: TALE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 4-25-14
Copy information from block on Part 1

For Office Use Only:

Well #: F103
 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>WHEELER HOMES</u>	Latitude: <u>34°40'41.38"N</u> Longitude: <u>90°01'45.35"W</u>
Mailing Address: <u>LOT # 12</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CHERRY OAK</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>COLUMBIA MS 38618</u>	<u>SW 1/4 NE 1/4, Sec 3 T15S R18W</u>
City State Zip Code	<u>4</u> Miles <u>S/W</u> of <u>COLUMBIA</u>
Telephone No. <u>(901) 830-2629</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-25-14 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 4-25-14 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): LINE & WEIGHT

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 (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.

BOB SMITH 0645 5-19-14 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

LOT 12