

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 #: 6178
Aquifer: _____
E-Log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 10-1-15

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>TIM WHEELY</u>	Latitude: <u>34°38'38.16"N</u> Longitude: <u>89°56'04.34"W</u>
Mailing Address: <u>627 BETTEN RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLOWATER MS. 38618</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4, Sec H-16 T-55 R-7 W</u>
Telephone No. <u>(901) 515-6218</u>	<u>4</u> Miles <u>S/E</u> of <u>COLOWATER</u>
	(Distance) (Direction) (Nearest Town)

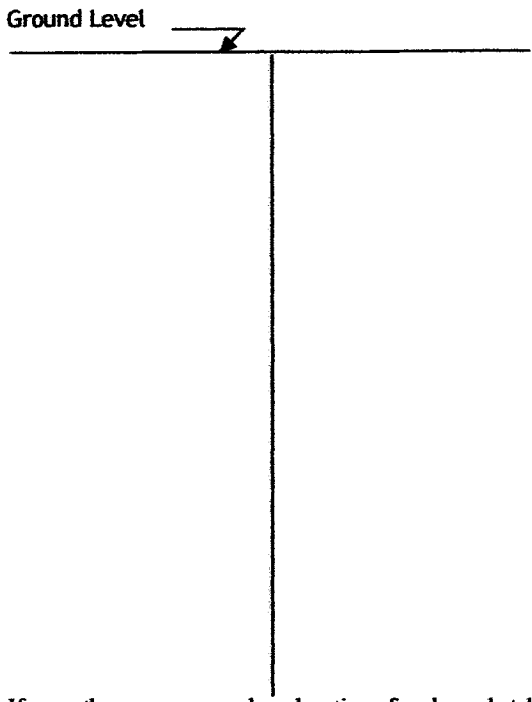
Well / Borehole Data
Date drilling started: <u>10-1-15</u> Date drilling completed: <u>10-1-15</u> Hole depth: <u>130</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 PPM</u>
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): <input checked="" type="radio"/> Water Well _____ <input type="radio"/> Geotechnical/Geological Investigation _____ <input type="radio"/> Ground Source Heat Pump _____ <input type="radio"/> 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): <input checked="" type="radio"/> Home _____ <input type="radio"/> Industrial _____ <input type="radio"/> Public Supply _____ <input type="radio"/> Irrigation _____ <input type="radio"/> Fish Culture _____
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>40</u> feet [above or (below) land surface] Date measured: <u>10-1-15</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): <u>LINE + WEIGHT</u>
Well depth: <u>130</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement _____ <input checked="" type="radio"/> Bentonite _____ Mix _____
Casing length: <u>120</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 THOUS</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed _____ <input type="radio"/> Underreamed _____ <input type="radio"/> Open hole _____ <input type="radio"/> Natural Development _____
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: TATE
 Permit #: _____

For Office Use Only:
 Well #: G 178

The sketch below only required for water wells

If well telescopes, show depths on sketch.



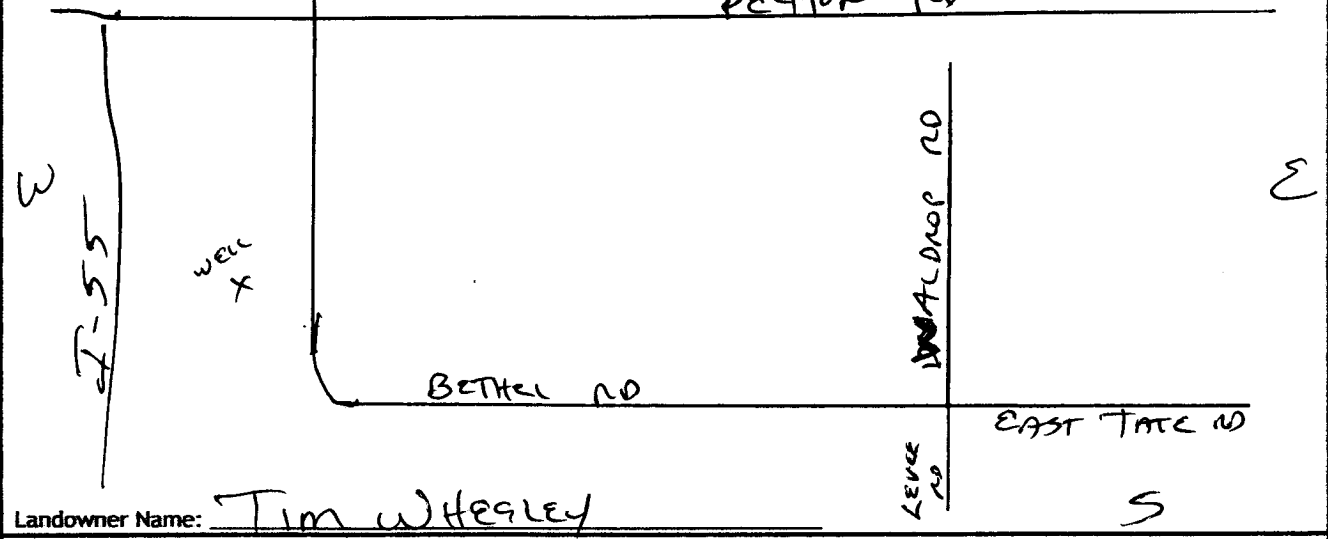
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	22
RED CLAY & SAND	22	50
GRAVEL	50	60
WHITE CLAY	60	90
GREY CLAY	90	110
WHITE SAND	110	130

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



Landowner Name: Tim WHEGLEY

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 0045 10-24-15
 Print Name of Responsible Licensee and License No. Date

[Signature]
 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: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 10-1-15
Copy information from block on Part 1

For Office Use Only:

Well #: G 178
 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>TIM WHEELEY</u>	Latitude: <u>34°38'38.6"N</u> Longitude: <u>89°56'04.37"W</u>
Mailing Address: <u>627 BETHEL RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>COLUMBIA</u> <u>MD.</u> <u>38618</u>	_____ 1/4 _____ 1/4, Sec <u>H-16</u> T <u>5S</u> R <u>7W</u>
City State Zip Code	<u>5</u> Miles <u>S/E</u> of <u>COLUMBIA</u>
Telephone No. <u>(906) 515-6218</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-1-15 Rated Pump Capacity: 20 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 1/2 Setting Depth: 60 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 10-1-15 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 25 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 10-24-15 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer