

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)961-5230
(601)360-0535 (fax)

For Office Use Only:

Well #: G 182

Aquifer: _____

E-Log #: _____

County: TATE
Permit #: _____
Driller: Bob Smith
Date drilling completed: 12-1-15

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>Eric M Alexander</u>	Latitude: <u>34°38'51.5"N</u> Longitude: <u>89°52'13.4"W</u>
Mailing Address: <u>140 HUGG TAYLOR</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SENATODIA MS 38668</u>	<u>NE ¼ SE ¼, Sec M-18 T. 6 S. R. 7 W</u>
City: _____ State: _____ Zip Code: _____	<u>3</u> Miles <u>S</u> of <u>Como</u>
Telephone No. <u>(662) 209-1984</u>	(Distance) (Direction) (Nearest Town)

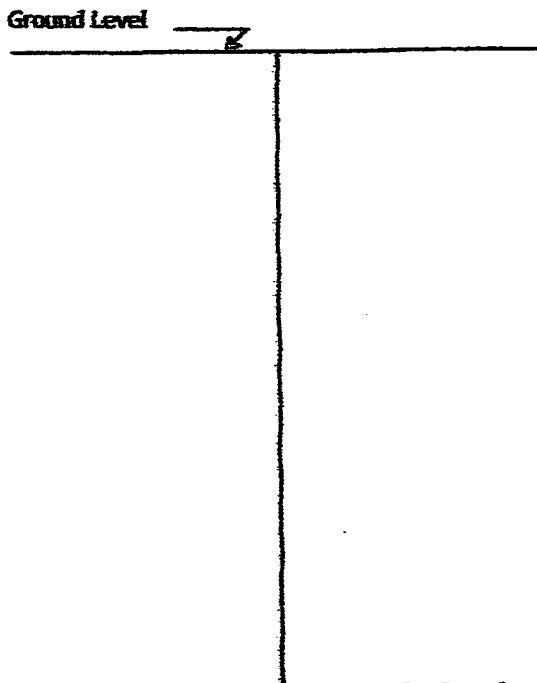
Well / Borehole Data
Date drilling started: <u>12-1-15</u> Date drilling completed: <u>12-1-15</u> Hole depth: <u>125</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 ppm</u>
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 _____ 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): <input checked="" type="radio"/> Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>50</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>12-1-15</u> (circle one)
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): <u>LINE & WEIGHT</u>
Well depth: <u>125</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
Casing length: <u>105</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>105</u> feet to <u>125</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed _____ Underreamed _____ Open hole _____ Natural Development _____
Other (describe): _____
Top of tap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: _____
 Permit #: _____

For Office Use Only:
 Well #: G

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	10
RED CLAY + SAND	10	30
GRAVEL	30	50
WHITE CLAY	50	100
WHITE SAND	100	125

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: ERIC MALEXANDER Como

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 12-16-15 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)961-5240
 (601) 360-0535 (fax)

County: OSHER TATE
 Permit #: _____
 Driller: Bob Smith
 Date completed: 12-1-15
Copy information from block on Part 1

For Office Use Only:

Well #: G 182
 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>Eric McALEXANDER</u>	Latitude: <u>34°38'51.15"N</u> Longitude: <u>89°58'13.41"W</u>
Mailing Address: <u>140 HIGH TOWN</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OSHER TATE</u> MS. <u>38608</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>3/4</u> Sec <u>M-18</u> T <u>6S</u> R <u>1W</u>
Telephone No. <u>(662) 209-1984</u>	<u>3</u> Miles <u>S</u> of <u>Como</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-1-15 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: 1 Setting Depth: 80 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 12-1-15 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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 12-16-15 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer