

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 #: K103
Aquifer: _____
E-Log #: _____

County: Walthall
Permit #: _____
Driller: Willie Jordan
Date drilling completed: 6/27/13

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>Ron Haggood</u> | Latitude: <u>31 01 36</u> Longitude: <u>90 01 46 W</u> |
| Mailing Address: <u>270 Haggood Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Tylertown, Ms.</u> | <u>NW 1/4 NE 1/4, S 30' T 1 N R 12 E</u> ✓ |
| City _____ State _____ Zip Code _____ | <u>5</u> Miles <u>SE</u> of <u>Tylertown</u> (Distance) (Direction) (Nearest Town) |
| Telephone No. (____) _____ | |

| Well / Borehole Data | |
|--|--|
| Date drilling started: <u>6/27/13</u> Date drilling completed: <u>6/27/13</u> Hole depth: <u>215</u> Hole diameter: <u>2 1/2</u> | |
| Location of the source of any surface water used for drilling: <u>POTABLE WATER</u> | |
| Method of dosing and volume of Chlorine used in drilling and development: _____ | |
| 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 Other: _____ | |
| Name of organization running log(s): _____ | |
| 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 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="checkbox"/> Home / <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture | |
| Other (describe): _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>90</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6/27/13</u> (circle one) | |
| Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape / <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____ | |
| Well depth: <u>215</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement / Bentonite <input checked="" type="checkbox"/> Mix | |
| Casing length: <u>205</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>10/10</u> inches Setting depth: From <u>205</u> feet to <u>215</u> feet | |
| Type of completion (circle all applicable): Gravel packed / Underreamed / Open hole / <input checked="" type="checkbox"/> 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> | |

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

RECEIVED

JUL 08 2013

BY: OLWR

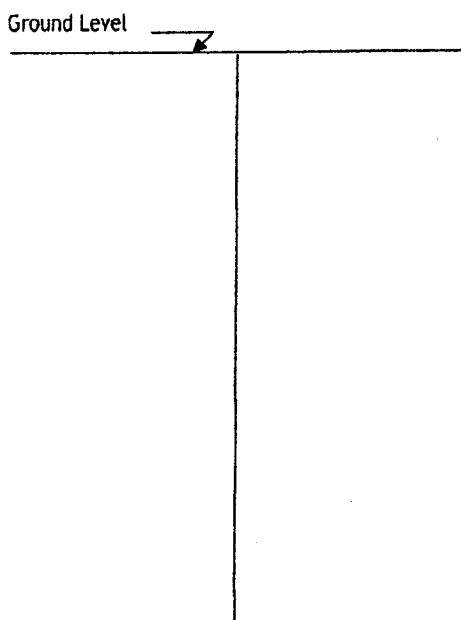
County: Walthall
 Permit #: _____

For Office Use Only:
 Well #: K103

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

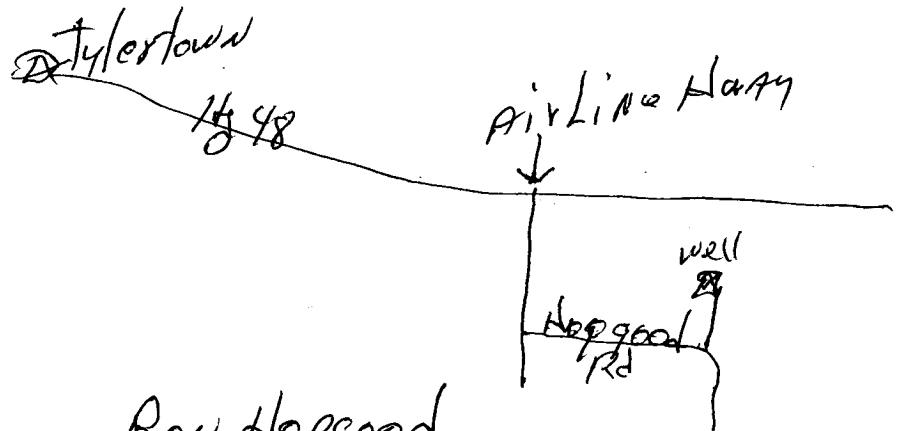


| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground level | |
| Top Soil | 0 | 1 |
| Sandy Clay | | |
| GRAVEL | 1 | 70 |
| SAND | 70 | 90 |
| CLAY | 90 | 175 |
| SAND | 175 | 215 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Ron Hopgood

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 Jordan C-508 6/27/13
 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)

For Office Use Only:

Well #: K103
Aquifer: _____

County: Waltham
Permit #: _____
Driller: Willie Jordan
Date completed: 6/27/13
Copy information from block on Part 1

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>Ron Hopgood</u> | Latitude: <u>31 01 36N</u> | Longitude: <u>90 01 46W</u> | | |
| Mailing Address: <u>270 Hopgood Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ | | | |
| <u>Tylertown, MS</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ | | | |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4, Sec <u>30</u> T <u>1</u> R <u>12E</u> | | | |
| Telephone No. (____) _____ | <u>5</u> Miles <u>SE</u> of <u>Tylertown MS</u> | | | |
| | (Distance) (Direction) (Nearest Town) | | | |

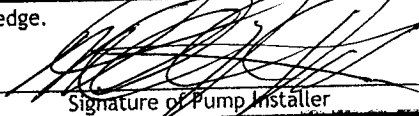
Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6/27/13 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1/2 Setting Depth: 140 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: 6/27/13 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 10 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 10 GPM with a drawdown of _____ 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: 6/27/13 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 Jordan 0-508 6/27/13 
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form: OLWR (B) **RECEIVED**

JUL 08 2013
BY: OLWR