County:	Washington	
Permit #:	GW-48568	1
Driller:	Irrigation Eq	uipment Inc.
Date drilli	ing completed:	02/06/2015

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: 5201 E-Log #:

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 com	pletion 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: Charles Darnell	Latitude: 33 03' 32.0 N Longitude: 90 58' 07.7 W
Mailing Address: 1191 Colony Road	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Glen Allan Ms 38774	SE 1/4, Sec 24 T 14 N R 8 W
City State Zip code	
Telephone No	4 Miles Northeast of Glen Allan (Distance) (Direction) (Nearest Town)
Well / Bo	orehole Data
Date drilling started: 02/06/2015 Date drilling completed:	02/06/2015 Hole depth: 131' Hole diameter: 24"
Location of the source of any surface water used for drilling:	Surface Water
Method of dosing and volume of Chlorine used in drilling and dev	velopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	nma Ray 🔲 Density 🔲 Sonic 🗎 Neutron 🔲 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotech	hnical/Geological Investigation
☐ Seismic Survey	Other (describe)
, –	nstruction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ F	
Other (describe):	Company Ed migation Ed value
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 18' feet [□ above or ☒ belo (check one)	ow] land surface Date measured: 02/09/2015
Method of Measurement (check one) ⊠ Steel tape ☐ Electric tap	pe 🗌 Air line 🔲 Other: (describe)
Well depth: 131' Well grouted to a depth of: 10' fee	et Type of grout (check one): Neat Cement Bentonite Mix
Casing length: 94' feet Casing diameter: 16"	inches Type of casing: PVC
Screen length: 37' feet Screen diameter: 16"	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From See feet to Formation feet
Type of completion (check all applicable): 🏻 Gravel packed 🔲 U	inderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than on	ne screen, describe on next page

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

County:	Washington	
Permit #:	GW-48568	

	For Office Use Only:
Vell#:	5241

The sketch	below	only	required	for	water	wells

If well telescopes, show depths on sketch.

G	roi	ın	А	lev	6

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	28
Fine Sand	29	61
Fine Sand & Gravel	62	79
Medium Sand & Gravel	80	103
Fine Sand	104	112
Medium Sand & Gravel	113	128
Clay	129	131
Screen:		
(85 - 104) 20' PVC		
(105 - 114) 10' Blanked		
(115 - 131) 17' PVC		
		, ,

If more than one screen, show location of each on sketch

Sketch the	property:	layout aı	nd include	the fo	llowing:
		• •			

Fame available to Fame On & Distr 044 040 0400 Fame On & Distr and

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well

3) any roads, po 4) a north arrow	ower lines, or other items that may a	d in locating the proper	ry and the well
Landowner Name:	Charles Darnell		
			Form: OLWR-SWR-1A (04/08)
			ted in accordance with all applicable sissippi Department of Health regulations,
if applicable, and stat		4	
Patrick Chism	0695	02/14/2015	Company of the Compan
Print Name of Respon	onsible Licensee and License No.	Date	Signature of Licensee
			Form: OLWR-SWR-1A (4/13)

FLA \$ 4 /016



County:	Washington	
Permit #:	GW-48568	
Driller:	Irrigation Eq	uipment Inc
Date drill	ing completed:	02/06/2015

Copy information from block on Part 1

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

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#:		20	1	
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: Charles Darnell Latitude: 33 03' 32.0 N Longitude: 90 58' 07.7 W Mailing Address: 1191 Colony Road Method of Lat/Long (check one):

Conventional Survey, ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS 38774 Glen Allan Ms 8E 1/2 NE 1/4, Sec 24 T 14 N R 8 W State City Zip code Northeast of Glen Allan Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Rated Pump Capacity: 2500+/- Gallons Per Minute 02/09/2015 Date Pump Installed Is This Pump (check one):

New □ Repaired □ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 70' feet Number of Stages: 1 **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: Gallons Per Minute Feet Below Land Surface Test Pumping Rate: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: 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): Meter installed by: Is This Meter (check 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. Patrick Chism

02/14/2015

Date

Form: OLWR-SWR-18 (4/13)

Signature of Pump Installer

AV MANT