

### 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 #: H 215  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: Dave West  
 Date drilling completed: 5-24-2017

*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>Michael Dorne Clark</u>	Latitude: <u>31-42-16</u> Longitude: <u>88-42-57</u>
Mailing Address: <u>70 Old Hwy 84 Rd.</u> <u>Waynesboro, MS 39337</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	OK <u>SE</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>32</u> T. <u>5N</u> <u>9N</u> R. <u>8W</u> <u>7W</u>
Telephone No. <u>(601) 410-7086</u>	<u>2</u> Miles <u>NE</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-18-2017 Date drilling completed: 5-24-2017 Hole depth: 630 Hole diameter: 6 1/2

Location of the source of any surface water used for drilling: Well water

Method of dosing and volume of Chlorine used in drilling and development: Tab's 50ppm

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): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): Poultry Houses

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 80 feet [above or below] land surface Date measured: 5-24-2017  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 630 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 590 feet Casing diameter: 4 inches Type of casing: PVE

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVE

Screen slot size: .008 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

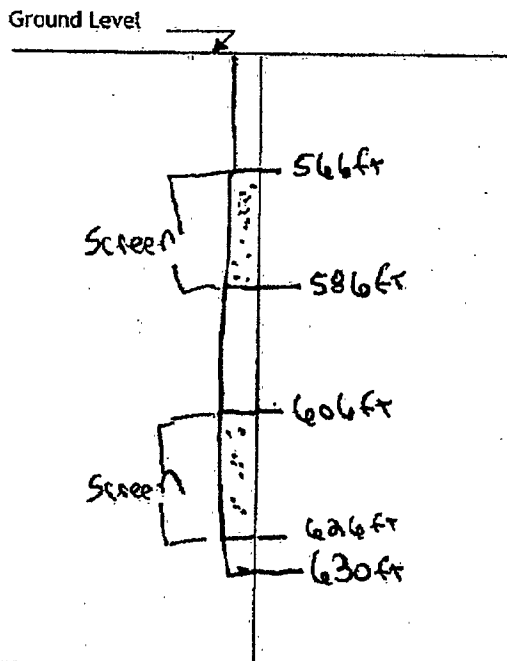
*If telescoped or more than one screen, describe on next page*

County: Wayne  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: H215

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

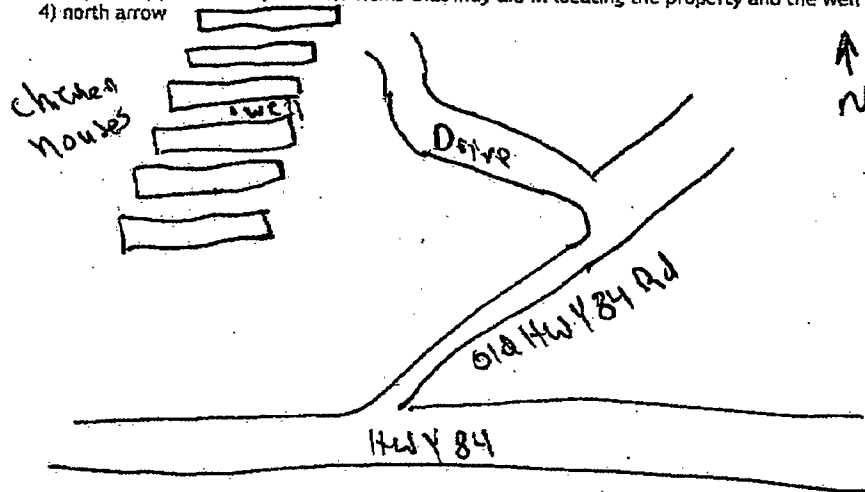


Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	12
Sand	12	32
Clay	32	58
Rock streaks	58	80
Clay	80	110
Rock w/ Clay streaks	110	160
Sandy Clay	160	218
Sandy - Moody's	218	230
Clay	230	438
Sandy	438	460
Clay	460	502
Sand w/ Clay streaks	502	560
Sand	560	590
Clay	590	604
Sand	604	626
Clay	626	630

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: Michael Dane Clark

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.

David West 0-672  
 Print Name of Responsible Licensee and License No.

5-31-17  
 Date

*David West*  
 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 #: H215  
 Aquifer: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 5-24-2017  
*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>Michael Dore Clark</u>	Latitude: <u>31-42-16</u>		Longitude: <u>88-42-57</u>		
Mailing Address: <u>70 Old Hwy 849d</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Waynesboro</u> MS <u>39337</u>	SE $\frac{1}{4}$ SW <sup>NW</sup> $\frac{1}{4}$ , Sec <u>3a</u> T <u>8N</u> R <u>8W</u>		<u>2</u> Miles <u>NE</u> of <u>Waynesboro</u> <sup>TW</sup>		
City State Zip Code	(Distance) (Direction) (Nearest Town)				
Telephone No. (601) <u>410-7086</u>					

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5-25-2017 Rated Pump Capacity: 50 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: 5HP Setting Depth: 210 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): \_\_\_\_\_ 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): \_\_\_\_\_

**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.  
David West 0-67d 5-31-2017 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer.