

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: L113
Aquifer: _____
E-Log #: _____

County: Wayne
Permit #: _____
Driller: A.J. Fincher
Date drilling completed: 7-15-18

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>Bryan Mc Lain</u>	Latitude: <u>31 41 14.6 N</u> Longitude: <u>88 51 50.3 W</u>
Mailing Address: <u>4 Jim West Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro</u> MS <u>39367</u>	USGS quad _____, <u>NW 1/4 SE 1/4, Sec. 2 T. 8 N R. 9 W</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>Wistler</u>
Telephone No. <u>(337) 550-5945</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-26-18 Date drilling completed: 7-15-18 Hole depth: 210 Hole diameter: 6"

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): M.D.E.Q.

Purpose of borehole (check 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 (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Poultry

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

Static Water Level: 42' feet above below land surface Date measured: 7-15-18

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 182' Well grouted to a depth of: 50 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 100' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30' feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 100 + 165 feet to 120 + 175 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

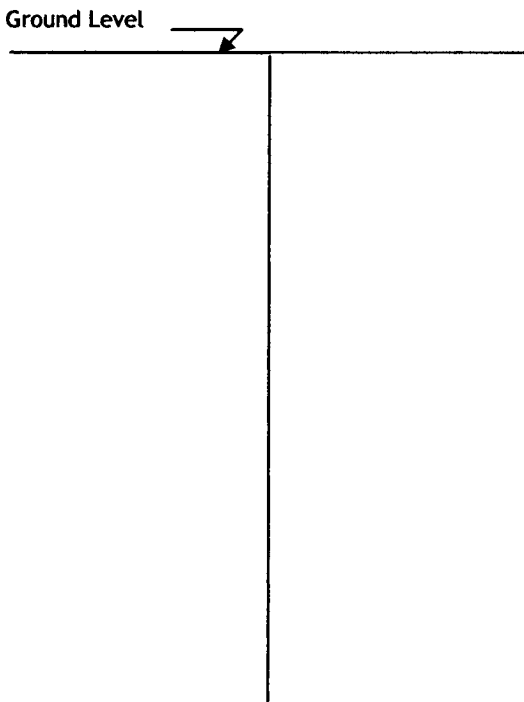
If telescoped or more than one screen, describe on next page

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County: Wayne
 Permit #: _____

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The sketch below only required for water wells
If well telescopes, show depths on sketch.

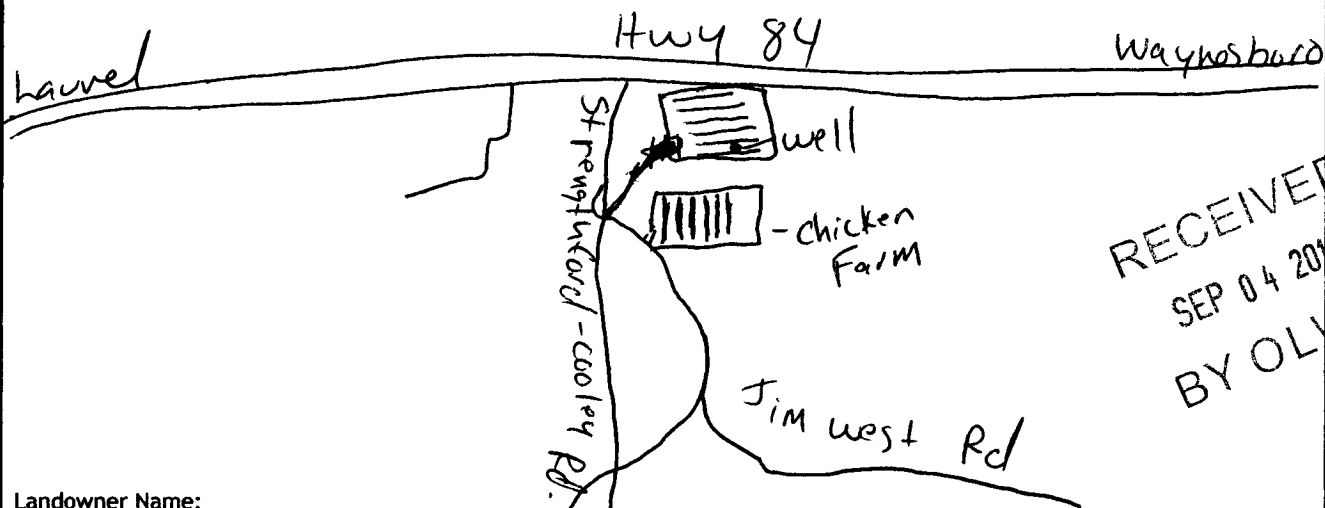


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground level	15
clay	18	80
SANDY clay	80	90
SAND	90	120
SAND & clay streaks	120	165
SAND	165	180
Clay	180	210

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



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Landowner Name: _____

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.

Arnold Fincher Jr 0-560 7-20-18
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

Form with multiple sections, including a header area, a table with columns for 'Date' and 'Time', and a large section with a grid pattern. The text is mirrored and difficult to read.

Section header or title text, mirrored.

Text block containing several lines of mirrored text.

Date and Time header text, mirrored.

Main table area with a grid pattern and mirrored text entries.

Text block at the bottom of the main table area, mirrored.

Text block below the main table area, mirrored.

Text block below the main table area, mirrored.

Text block at the bottom of the page, mirrored.

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 #: 4113

Aquifer: _____

County: Wayne
 Permit #: _____
 Driller: A.J. Fincher
 Date completed: 7-15-18
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>Bryam M. Cain</u>	Latitude: <u>31° 41' 14.6" N</u> Longitude: <u>88° 51' 50.3" W</u>
Mailing Address: <u>4 Jim West Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro</u> MS <u>39367</u>	<u>NW 1/4 SE 1/4, Sec 2 T 8 N R 9 W</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>Wristler</u>
Telephone No. <u>(337) 550-5945</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 7-15-18 Rated Pump Capacity: 60 Gallons Per Minute

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: 3 Setting Depth: 120 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 7-15-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 18 Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute

Method of measurement (check 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 (check one): New Repaired Replacement

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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.

Arnold Fincher Jr 0-560 7-20-18 [Signature]

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