

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 #: G42

Aquifer: _____

E-log #: _____

County: Yalobusha
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 3-9-17

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>Charles Baker</u>	Latitude: <u>33°59.23' N</u> Longitude: <u>089°42.14' W</u>
Mailing Address: <u>510 CR 211</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Old Hwy 330</u>	USGS quad: _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Coffeerville</u> MS <u>38922</u>	<u>SE 1/4 SE 1/4, Sec 31 N 25 E R 6 E</u>
City State Zip Code	<u>1.5</u> Miles <u>West</u> of <u>Coffeerville, MS</u>
Telephone No. <u>(708) 334-0882</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-9-17 Date drilling completed: 3-9-17 Hole depth: 200' Hole diameter: 7"

Location of the source of any surface water used for drilling: Near by Pond

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

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): Livestock

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

Static Water Level: 160' feet (above or below) land surface (circle one) Date measured: 3-9-17

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Water level meter

Well depth: 200 Well grouted to a depth of: 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC-SCH 40

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 0.013 inches Setting depth: From 160 feet to 200 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 0 feet

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

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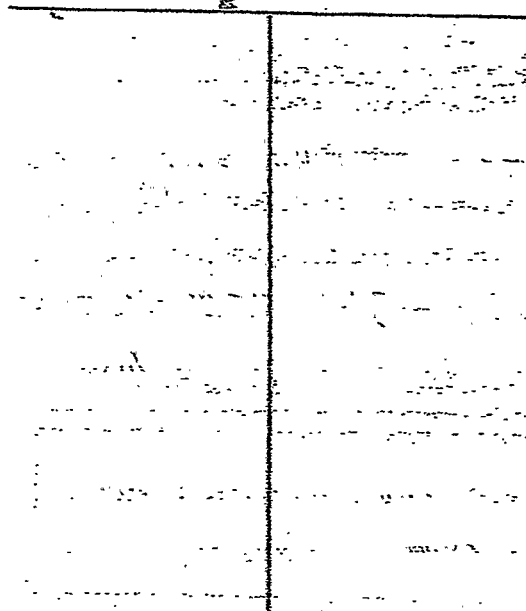
County: Yalobusha
Permit #: _____

For Office Use Only:
Well #: GA2

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level _____



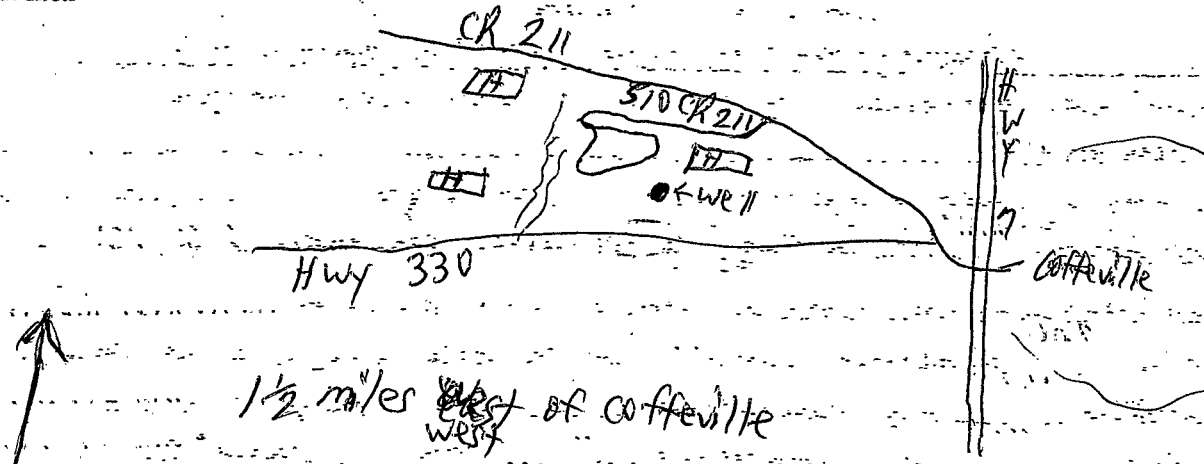
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	10
Reddish Clay + Red sand	10	33
White clay + sand	33	40
Reddish sand	40	60
Reddish sand + little white clay	60	80
Med white sand	80	112
White sand + clay	112	120
Coarse white sand	120	200

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: Charles Baker

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 L. Bryant 0-639 4-4-17 Willie L. Bryant
Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Yalobusha
 Permit #: _____
 Driller: W. Bryant
 Date completed: 3-11-17
Copy information from block on Part 1

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 #: G42
 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>Charles Baker</u>	Latitude: <u>33° 59.23' N</u> Longitude: <u>089° 42.14' W</u>
Mailing Address: <u>510 CR 211</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Old Hwy 330</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Coffeville</u> MS <u>38922</u>	<u>SE 1/4 SE 1/4, Sec 31 T25N R6E</u>
City _____ State _____ Zip Code _____	<u>1.5</u> Miles <u>West</u> of <u>Coffeville MS</u>
Telephone No. <u>708 334-0882</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 3-11-17 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: 2 Setting Depth: 100 feet Number of Stages: 20

Pump Test Data for Non Flowing Well

Date Well Tested: 3-11-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 64 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 12 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 12 GPM with a drawdown of 4 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: _____ 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 PDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie L. Bryant 0-639 4-4-17 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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