

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 #: DICK
AQUIFER: _____
E-Log #: _____

County: Chickasaw 017
Permit #: MS-GW-17013
Driller: Donald Smith Co., Inc
Date drilling completed: 7-17-2013

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>Carnethan Bros. Farm</u>	Latitude: <u>3402-15^N18</u> Longitude: <u>8843-12^W23</u>
Mailing Address: <u>680 Hwy 41 N</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Okolona MS 38860</u>	USGS quad <u>NE 5E 1/4 SE 1/4</u> , Sec <u>13</u> T <u>12S</u> R <u>5E</u>
City State Zip Code	<u>4</u> Miles <u>NE</u> of <u>Okolona</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Sat from aerial photo of well.
 JAM
 6-6-14

Well / Borehole Data
Date drilling started: <u>5/8/13</u> Date drilling completed: <u>7/17/13</u> Hole depth: <u>860</u> Hole diameter: <u>17 1/2"</u>
Location of the source of any surface water used for drilling: <u>public water supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>potable water used</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>MS office of Geology</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
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): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" 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>118'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>7/16/13</u>
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>790</u> Well grouted to a depth of: <u>150</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>630</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>Steel</u>
Screen length: <u>80</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>stainless</u>
Screen slot size: <u>.025</u> inches Setting depth: From <u>710</u> feet to <u>790</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>630</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

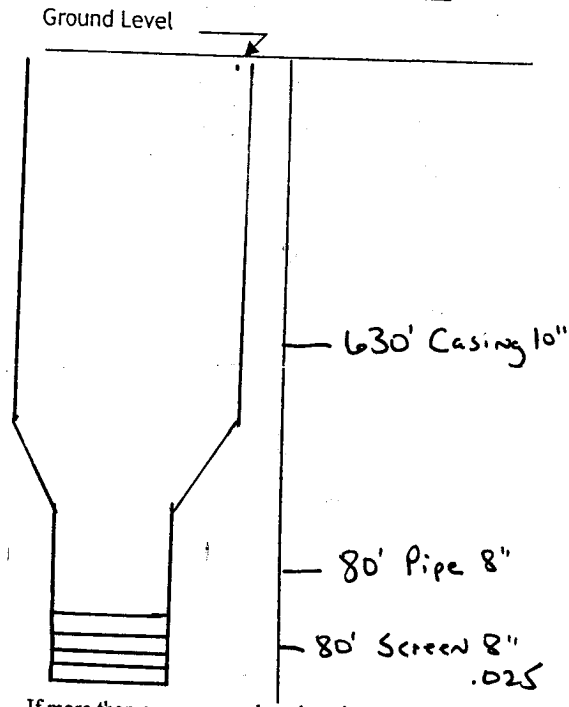
RECEIVED
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 BY OLWR

County: Chickasaw
 Permit #: MS-GW-17013

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



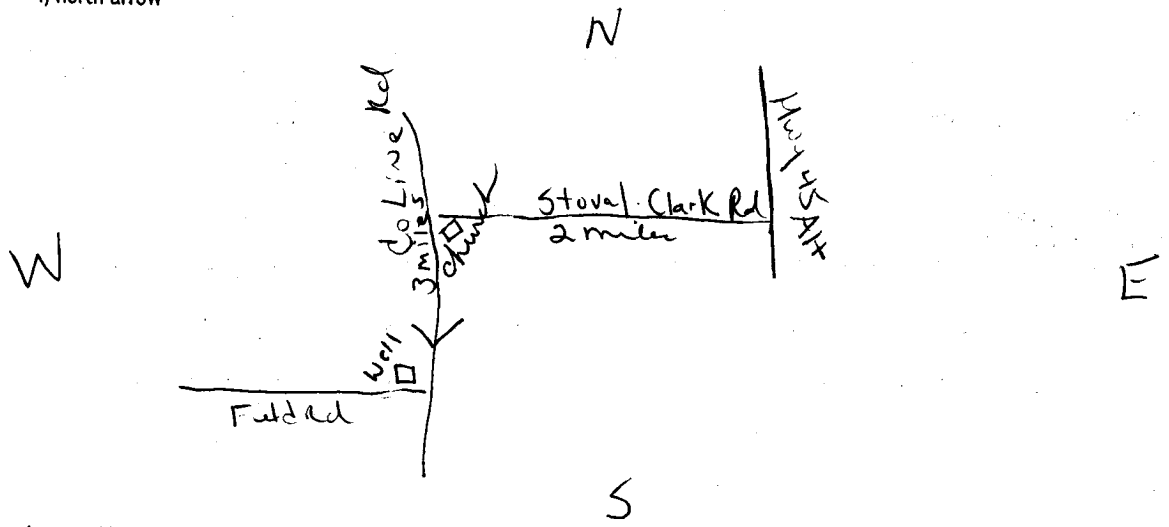
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Gray Clay	0	135
Shell Rock	135	145
Clay	145	255
Shell	255	275
Sand w/ Clay Strks	275	285
Red Fine Blue Sand	285	360
Clay & Sand Strks	360	365
Blue Sand & Clay	365	480
Shell	480	481
Blue Sand	481	502
Clay	502	507
Sand & Clay Strks	507	530
Shell	530	535
Light, Sm Gravel, Sand	535	575
Clay	575	585
Clay w/ Sandy Strks	585	650
Sand	650	660
Sand & Sm Gravel	660	675
Clay	675	685
Sand & Sm Gravel	685	725
Pink Clay	725	730
Gravel	730	820
Red Clay, Sand & Sm Gravel	820	872

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: _____

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.

Robert L. Young, Jr UNR-5671
 Print Name of Responsible Licensee and License No.

7/19/13
 Date

Robert Young Jr
 Signature of Licensee

STATE WELL REPORT

Part 2

County: Chickasaw
 Permit #: MS-GW-17013
 Driller: Donald Smith Co, Inc
 Date completed: 8/16/13
 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 #: D106
 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>Cornathaw Bros. Farm</u>	Latitude: <u>34 02 15 N</u> Longitude: <u>88 43 23 W</u>
Mailing Address: <u>680 Hwy 41 N</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Handheld GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Okolona, MS 38860</u>	<u>NE 1/4, Sec 13 T. 12 S R. 5 E</u>
City State Zip Code	<u>4</u> Miles <u>NE</u> of <u>Okolona</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8/1/13 Rated Pump Capacity: 250 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: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 8/1/13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 118 Feet Below Land Surface Pumping Water Level (B): 167.79 Feet Below Land Surface

Drawdown [(B) - (A)]: 49.79 Feet Below Land Surface Test Pumping Rate: 264 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 264 GPM with a drawdown of 49.79 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: N/A 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.

Robert L. Young, Jr. UNR-5671 7/19/13 Robert L. Young RECEIVED

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

Form: OLWR-3017 (4/13) 2014

BY: OLWR