

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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: L41
L. S. Elevation: _____
E-log #: L-0041

County: Copiah
Permit #: _____
Driller: Will Barlow
Date drilling completed: 4-22-18

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.

| Information on Well Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner Name: <u>Mark Denham</u> Mailing Address: <u>4647 New Hope Rd</u> <u>Georgetown MS 39078</u> City State Zip Code Telephone No. () <u>N/A</u> | Latitude: <u>31° 53.26' N</u> Longitude: <u>90° 12.58' W</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS USGS quad: <u>SW 1/4 SE 1/4 Sec 29 Twn 1N Rng 1E</u> Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Georgetown</u> |

Well / Borehole Data
Date drilling started: 3-18-18 Date drilling completed: 4-22-18 Hole depth: 220 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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): MOEA

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 BY OLWR

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 3-18-18

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 204 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 184 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: _____ inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 184 feet to 204 feet

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

Other (describe): _____

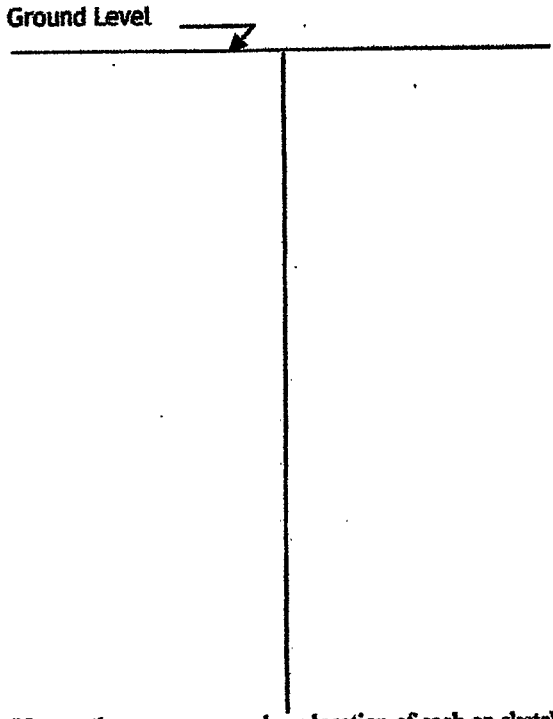
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page.**

County: Copiah
 Permit #: _____

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



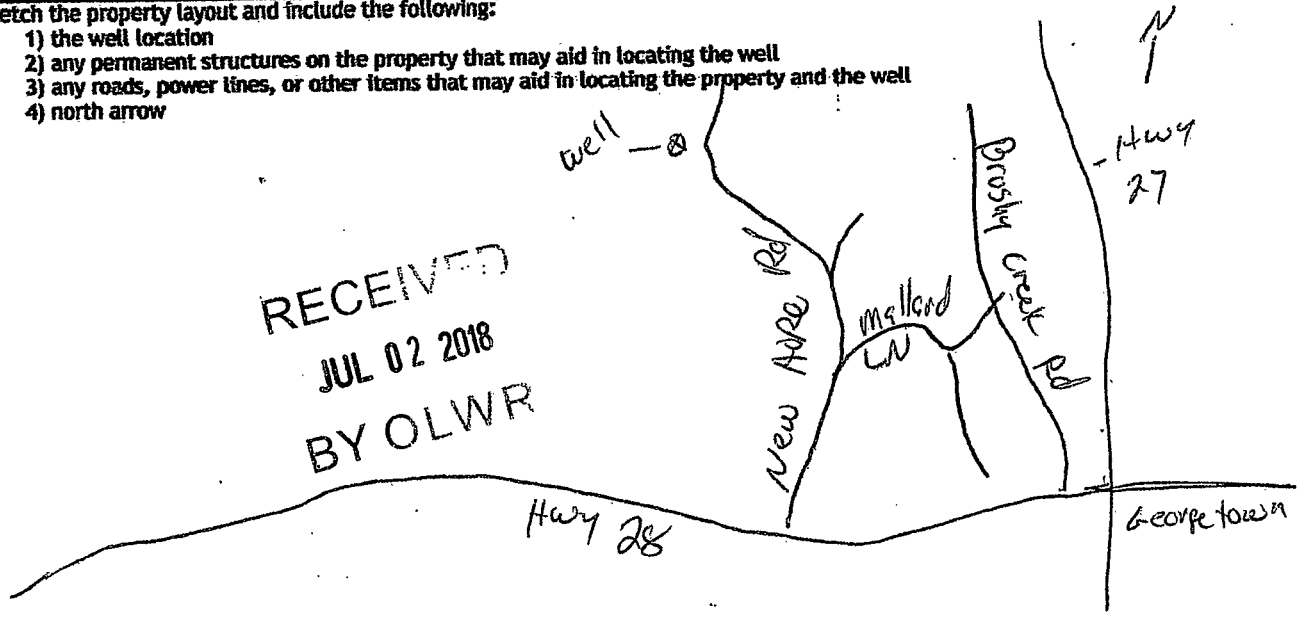
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Sand Red | Ground level | 40 |
| Sandy clay | 40 | 70 |
| Clay | 70 | 115 |
| Sand | 115 | 160 |
| clay | 160 | 184 |
| sand | 184 | 204 |
| clay | 204 | 220 |
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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: Mark Denham

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
 Print Name of Responsible Licensee and License No.

5-6-18
 Date

[Signature]
 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 #: LA1

Aquifer: _____

County: Copiah
 Permit #: _____
 Driller: Will Berlow
 Date completed: 5-5-18
 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>Mark Denham</u> | Latitude: <u>31.53.26</u> Longitude: <u>90.12.58</u> |
| Mailing Address: <u>4647 New Hope Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ |
| <u>Georgetown</u> MS <u>39078</u> | <u>SW 1/4 SE 1/4, Sec 29 T.1N R.1E</u> |
| City State Zip Code | <u>3</u> Miles <u>NW</u> of <u>Georgetown</u> |
| Telephone No. () <u>N/A</u> | (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

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

Date Pump Installed: 5-5-18 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: 1 Setting Depth: 180 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 5-5-18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 125 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface

Drawdown [(B) - (A)]: 35 Feet Below Land Surface Test Pumping Rate: 15 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

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BY OLWR

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 5-15-18 [Signature]

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