

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 #: T 30
Aquifer: _____
E-Log #: _____

County: Copiah
Permit #: _____
Driller: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 11-15-15

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.

<p style="text-align: center;">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Stacy Newell</u></p> <p>Mailing Address: _____ <u>3639 Old Red Star Rd</u></p> <p><u>Wesson</u> MS <u>39191</u> City State Zip Code</p> <p>Telephone No. <u>(601) 748-2050</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p><u>31° 44' 51"</u> Well or Borehole Location <u>90° 35' 39"</u> Latitude: <u>31° 44.929</u> Longitude: <u>90° 35.656</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>SE 1/4 NW 1/4, Sec 15 T 9N R 6E</u> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____</p> <p><u>14</u> Miles <u>NE</u> of <u>Wesson</u> (Distance) (Direction) (Nearest Town)</p>
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<p>Well / Borehole Data</p>
<p>Date drilling started: <u>11-15-15</u> Date drilling completed: <u>11-15-15</u> Hole depth: <u>305</u> Hole diameter: <u>7</u></p> <p>Location of the source of any surface water used for drilling: _____</p> <p>Method of dosing and volume of Chlorine used in drilling and development: <u>Mud pit & gravel pack</u></p> <p>Logs run (circle all applicable): No log run <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: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____</p> <p style="text-align: center;"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (circle all applicable): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____</p> <p>Other (describe): <u>Dairy</u></p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>109</u> feet [above or <u>below</u>] land surface Date measured: <u>11-15-15</u> (circle one)</p> <p>Method of measurement (circle one): Steel tape _____ <u>Electric tape</u> _____ Air line _____ Other (describe): _____</p> <p>Well depth: <u>300</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement _____ <u>Bentonite</u> _____ Mix _____</p> <p>Casing length: <u>280</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PK</u></p> <p>Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PK</u></p> <p>Screen slot size: <u>.010</u> inches Setting depth: From <u>280</u> feet to <u>300</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> _____ Underreamed _____ Open hole _____ Natural Development _____</p> <p>Other (describe): _____</p> <p>Top of tap pipe or reduction in casing: _____ feet</p> <p style="text-align: center;"><i>If telescoped or more than one screen, describe on next page</i></p>

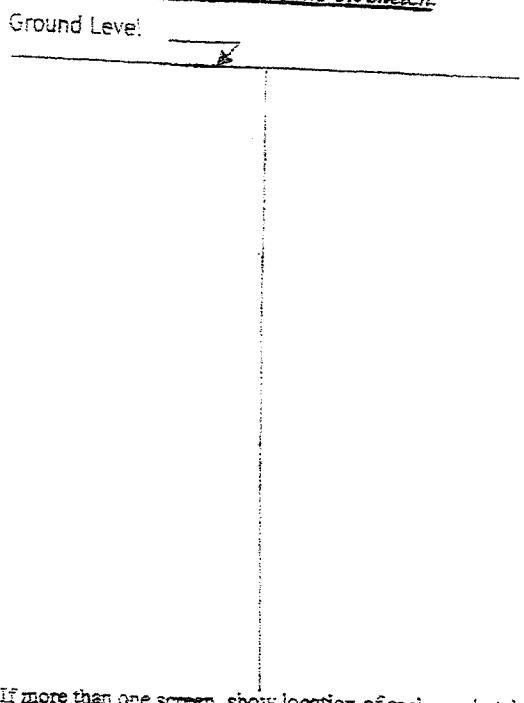
Form: OLWR-SWR-1A (4/13)

NOV 25 2015

County: Copiah
 Permit #: _____

For Office Use Only:
 Well #: _____

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



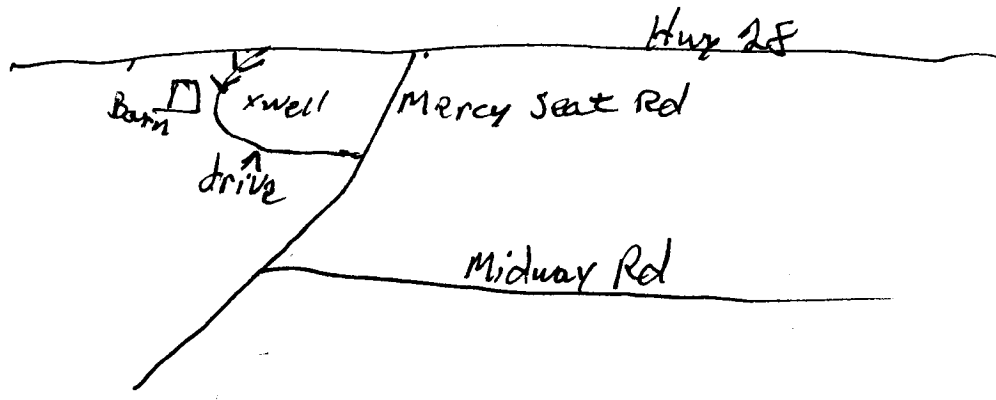
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	25
gravel streaks	25	68
white clay	68	87
blue clay	87	200
sand streaks	200	245
sand	245	301
white clay	301	305

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: Stacy Newell

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.

BRIAN D. MCCLENDON UNR-00000664 11-15-15 Brian McCendon
 Print Name of Responsible Licensee and License No. Date 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 #: T30

Aquifer: _____

County: Copiah
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date completed: 11-17-15
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>STACY NEWELL</u>	Latitude: <u>31°44.909</u> Longitude: <u>90°35.656</u>
Mailing Address: _____ <u>3639 Old Red Star Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Wesson</u> <u>MS</u> <u>39191</u>	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>15</u> T <u>9N</u> R <u>6E</u>
City State Zip Code	<u>14</u> Miles <u>NE</u> of <u>WESSON</u>
Telephone No. <u>(601) 748-2050</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 11-17-15 Rated Pump Capacity: 40 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: 3 Setting Depth: 150 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
Date Well Tested: 11-17-15 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 109 Feet Below Land Surface Pumping Water Level (B): 118 Feet Below Land Surface
Drawdown [(B) - (A)]: 9 Feet Below Land Surface Test Pumping Rate: 40 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.
MICHAEL W. KEES RPO-0000801 11-17-15 Michael Kees
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer