

Copiah

STATE WELL REPORT

502

County: Lincoln
 Permit #: _____
 Driller: Greenwater Well
 Date drilling completed: 10/12/12

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 #: U27
 Aquifer: _____
 E-Log #: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Bubba Dooley</u>	Latitude: <u>31.7027</u> Longitude: <u>90.5135</u> <u>31-42-9.72</u> <u>90-32-30.6</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>2106 Hughes Lane</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Wesson MS</u>	<u>NW 1/4 NW 1/4, Sec 6 T.24 N R.7E</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>NW</u> of <u>Brookhaven</u>
Telephone No. <u>(601) 397-2425</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/17/12 Date drilling completed: 10/17/12 Hole depth: 122 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: none gravel pack

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

Name of organization running log(s): _____

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): _____

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

Static Water Level: 75 feet above or below land surface Date measured: 10/17/12

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.06 inches Setting depth: From 110 feet to 120 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

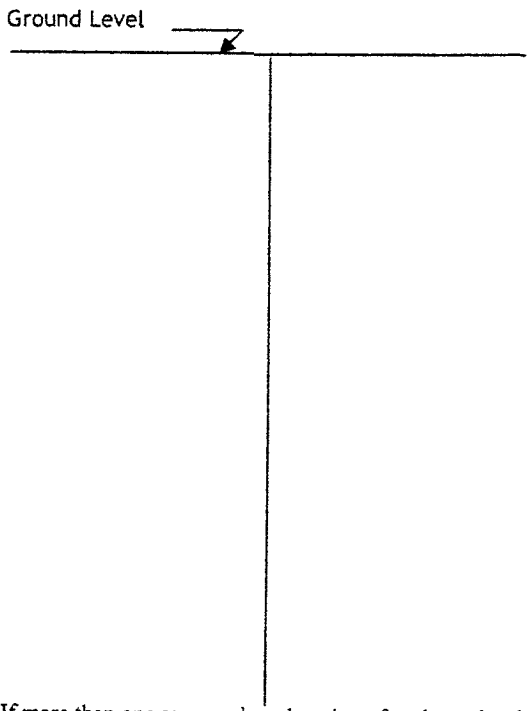
If telescoped or more than one screen, describe on next page

County: Copiah
 County: ~~Lincoln~~
 Permit #: _____

For Office Use Only:
 Well #: 427

The sketch below only required for water wells

If well telescopes, show depths on sketch.



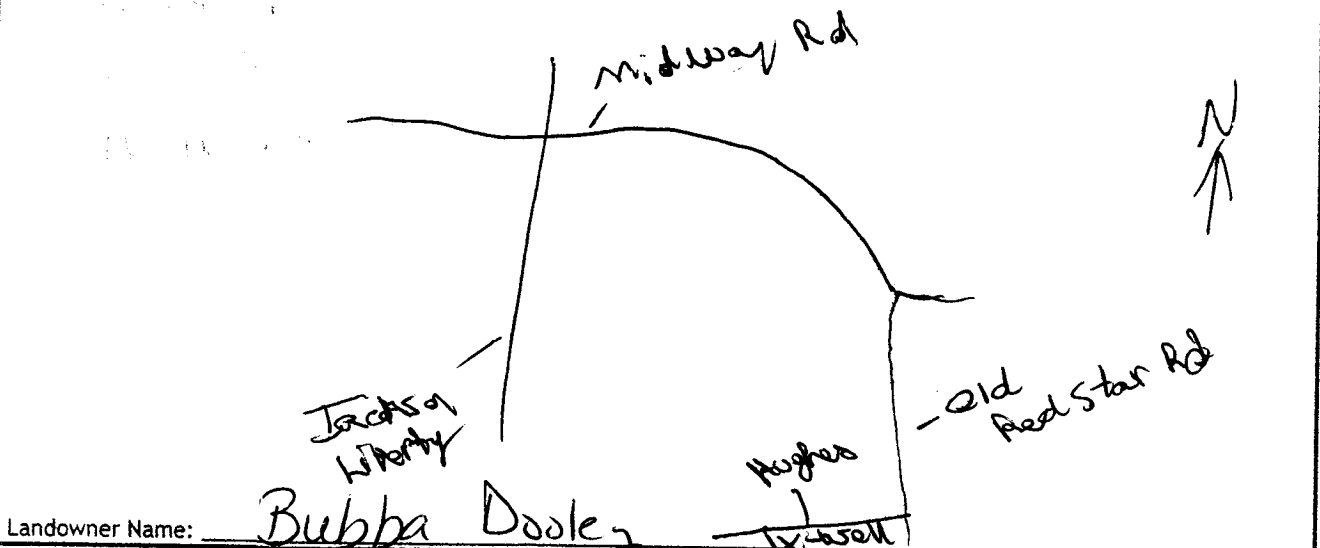
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Red	0	17
W Clay	17	55
Sand	55	72
D. Clay	72	105
Sand	105	120
D. Clay	120	125

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: Bubba Dooley

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.

Joe Dooley 0325 10/17/12 Joe Dooley
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

copy

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 #: 127

Aquifer: _____

County: Madison
 Permit #: _____
 Driller: Green Water Well
 Date completed: 10/17/18
 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>Dubba Dooley</u>	Latitude: <u>31.7027</u> Longitude: <u>90.5435</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>2166 Hughes</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Wesson</u> <u>Ms</u> <u>39601</u>	<u>NW 1/4</u> <u>SW 1/4</u> Sec <u>6</u> T <u>8N</u> R <u>7E</u>
City State Zip Code	<u>10</u> Miles <u>NW</u> of <u>Brookhaven</u>
Telephone No. <u>(601) 297-2425</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 10/17/18 Rated Pump Capacity: 10 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: 1 Setting Depth: 100 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 10/17/18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): 21 Feet Below Land Surface
 Drawdown [(B) - (A)]: 54 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric type 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: RECEIVED
 Totalizer Register Unit and Multiplier Factor (AF x .004, gal x 1000, etc): _____ NOV 21 2018
 Installation Date: _____ Meter installed by: _____ BY OLWR
 Is This Meter (check 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.
Jacob Lee 2325 10/17/18 Jacob Lee
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer