Inoraton 21-2	CD2 4			
county: Covington	STATE WELL REPORT		For Office Use Only:	
	Part 1 Driller's Log		Well #:	
Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
1 1 1 1 1 1		and and Water Resources P.O. Box 2309	E-Log #:	
Date drilling completed: 11-26-13		on, MS 39225-2309 (601)961-5210		
		1)360-0535 (fax)		
State Law requires that this report Department at the above address w				
Well Owner Informati (Landowner if borehole is not for			nole Location	
Owner Name: Loundtree tass		Latitude: 31°39′04.8′ Longitude: 89°24′21.9″		
100		 Method of Lat/Long (check one)	: Conventional Survey,	
Mailing Address: PO Box	2864		S, Survey-grade GPS	
Jackson ?	<i>/</i>		21 T8N R/42/	
City State	Zip Code	1		
Telephone No. ()	•	10 Miles E of (Direction)	(Nearest Town)	
receptione No. ()		(Sistante)	(104,100	
Date drilling started: 11-21-13 Date drilling completed: 11-26-13 Hole depth: 430 Hole diameter: Location of the source of any surface water used for drilling: Local Creek Method of dosing and volume of Chlorine used in drilling and development: Used S gallow bloach 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				
		describe)	of this block	
		onstruction, skip the remainder of	-	
Purpose of Well (<i>circle all applicable</i>): ト Other (<i>describe</i>): <u>ディ Suppl</u> メ			sh Culture	
			:	
If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: feet [above or pelow) land surface Date measured: 11-26-13				
Static Water Level: 167 feet [above or below] land surface Date measured: 11-26-13				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 420 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 380 feet Casing diameter: 4 inches Type of casing: WC				
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slottled				
Screen slot size: <u>• 010</u> inches Setting depth: From <u>380</u> feet to <u>420</u> feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				

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

Top of lap pipe or reduction in casing: _____feet

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

County: Coving for Permit #:	Fo	or Office Use	Only:		
The sketch below only required for water wells	Description of formations encountered and boreholes, unless specifically exen	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)		
	gravel	15	55		
	Clay	55	145		
	sandy clay	145	200		
	Clay, sand trock	200	360		
	Sand	360	420		
	clay	420	430		
	/				
			,		
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 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well				
		5 <u></u>			
		PEC L 9	200		
Landowner Name: Roundtree of asso	ociates	:			
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environificable, and state laws.	, constructed, and completed in accordance nmental Quality and the Mississippi Depart	e with all applic ment of Health	able regulations,		

12-16-13 Date

Signature of Licensee

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

John W Thompson 0-679
Print Name of Responsible Licensee and License No.

STATE WELL REPORT

County: Covington Permit #: Driller: John Date completed: 11-2

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

For Office Use Only:		
Well #: <u># 3/</u>		
Aquifer:		

	(0U1)901-321U				
·	1) 360-0535 (fax)				
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: Noundtree of Associates	Latitude: 31° 39' 08 " Longitude: 89° 24 ' 21. 9 "				
Mailing Address: P.O. Box 22864	Method of Lat/Long (check one): Conventional Survey,				
Jackson MS	USGS quad, Hand-held GPS, Survey-grade GPS				
	NN 4 NE 4, Sec 21 T 8N R 14W				
City State Zip Code	(Distance) Miles E of Collins (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 11-26-13	Rated Pump Capacity:55Gallons Per Minute				
Is This Pump (circle one): New Repaired Replaceme					
Power Type (circle one)					
	idmill Other (describe):				
Horse Power Rating of Motor: 7.5 Setting Dept	th:feet Number of Stages:				
Pump Test Data for Non Flowing Well					
Date Well Tested: 11-26-13 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 167 Feet Below Land Surface	Pumping Water Level (B): 189 Feet Below Land Surface				
Drawdown [(B) - (A)]: 22 Feet Below Land Sur	face Test Pumping Rate: 45 Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric to					
Pump Test Da	ta for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours 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.					
HEREBY CERTIFY that the above statements are true to the best of my knowledge.					

I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.	
John W Thompson 0-679	12-16-13 John	V Hongs
Print Name of Pump Installer and License No. (if applicable)	Date //S	Signature of Pump Installer
		Form: OLWR-SWR-1B (4/1



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DEC 1 9 2013

BY: OLWR