

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 #: C 37
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: N/A
Driller: Gary Smith
Date drilling completed: 1-15-2016

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>Regions Bank</u>	Latitude: <u>34° 59' 17.6"</u> Longitude: <u>89° 54' 38.9"</u>
Mailing Address: <u>215 Forust St</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Hattiesburg</u> <u>ms</u> <u>39401</u> City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>23</u> Twn <u>15</u> Rng <u>7W</u>
Telephone No. <u>(601) 554-2784</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 1-15-16 Date drilling completed: 1-15-16 Hole depth: 190' Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Well water from our shop
Method of dosing and volume of Chlorine used in drilling and development: Mixing in 5 gal bucket

Logs run (circle all applicable): No 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 one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 1-15-16

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

Well depth: 190 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4" inches Type of casing: pvc sch 40

Screen length: 20 feet Screen diameter: 4" inches Type of screen: pvc sch 40

Screen slot size: .010 inches Setting depth: From 0 feet to 180 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**

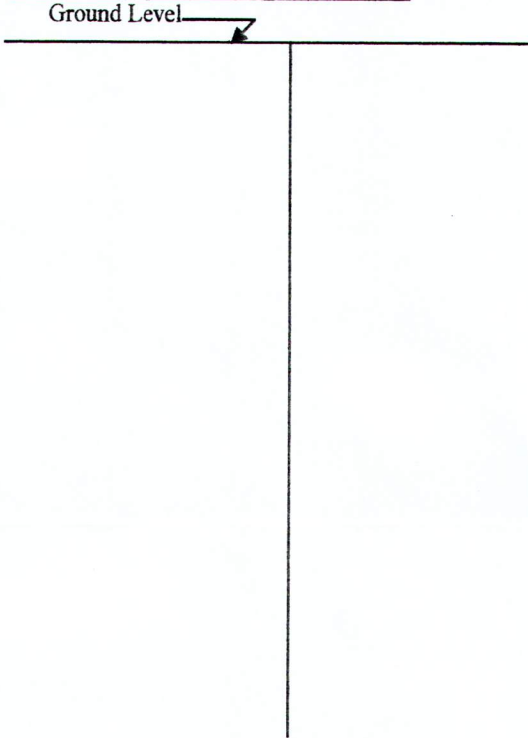
Form: OLWR-SWR-1A (04/06)

FEB 01 2016

C 37

The sketch below only required for water wells

If well telescopes, show depths on sketch.

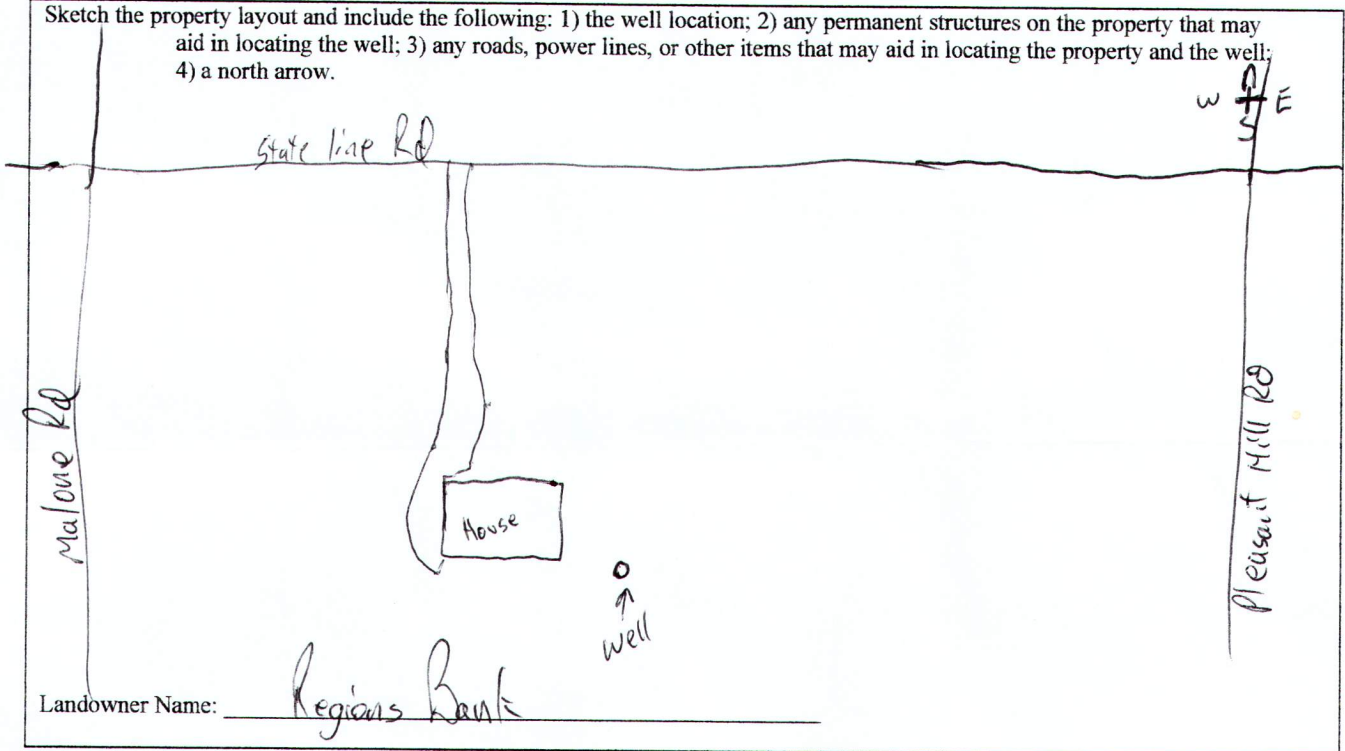


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Brown Clay	Ground Level	18
Red Sand	18	35
White Clay	35	95
White Sand	95	190

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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I 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.

Gary Smith # 6595 1-28-16
Print Name of Responsible Licensee and License No. Date

Gary Smith
Signature of Licensee

APPROVED
FEB 01 2016
BY OLWR

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

For Office Use Only:

Aquifer: _____
 Well #: C 37
 Elevation: _____

County: Desoto
 Permit #: NONE
 Driller: GARY Smith
 Date completed: 1-15-16

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>Regions BANK</u>	Latitude: <u>34°59' 17.61"</u> Longitude: <u>89°54' 38.99"</u>
Mailing Address: <u>215 Forest St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hattiesburg</u> <u>ms</u> <u>39401</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP 1 HP</u>
Date Pump Installed: <u>1-15-16</u>	Setting Depth: <u>170'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>1-15-16</u>	Circle one
Static Water Level (A): <u>140'</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>170'</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>30-150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>10</u> Gallons Per Minute	Well yielded <u>10</u> GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	<u>150</u> feet after <u>4 1/2</u> hours of pumping

This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Gary Smith #6595 Gary Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 FEB 01 2016