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)961-5555
(601)961-5228 (fax)

A25

County: Franklin
Permit #:
Driller: Greenwater Well
Date drilling completed: 10-26-18

For Office Use Only:
Well #: K115
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
(Landowner if borehole is not for a water well)

Owner Name: Donnie Butler
Mailing Address:
Olympia Rd
Smithdale MS
City State Zip Code
Telephone No. (601) 748-9262

Well or Borehole Location

Latitude: 31.4410 (31-26-27.6) Longitude: 90.6479 (90-38-52.44)
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
~~SW~~ NW ¼ ~~NE~~ SW ¼, Sec ~~1~~ 31 T ~~5N~~ 6N R ~~5E~~ 6E
6 Miles S of Lucien
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-25-18 Date drilling completed: 10-26-18 Hole depth: 275 Hole diameter: 7
Location of the source of any surface water used for drilling: —
Method of dosing and volume of Chlorine used in drilling and development: mud pit + Gravel pack
Logs run (check *all applicable*): X 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*) —

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check *all applicable*): X Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture
Other (*describe*): —
If a flowing well, method of flow regulation: Valve — Other (*describe*) —
Static Water Level: 150 feet [above or X below] land surface (*check one*) Date measured: 10-26-18
Method of measurement (check *one*) ☐ Steel tape X Electric tape ☐ Air line ☐ Other (*describe*): —
Well depth: 270 Well grouted to a depth of: 10 feet Type of grout (check *one*) ☐ Neat Cement X Bentonite ☐ Mix
Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 260 feet to 270 feet
Type of completion (check *all applicable*): X 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

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

County: Franklin

Permit #:

For Office Use Only:

Well #: K115

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

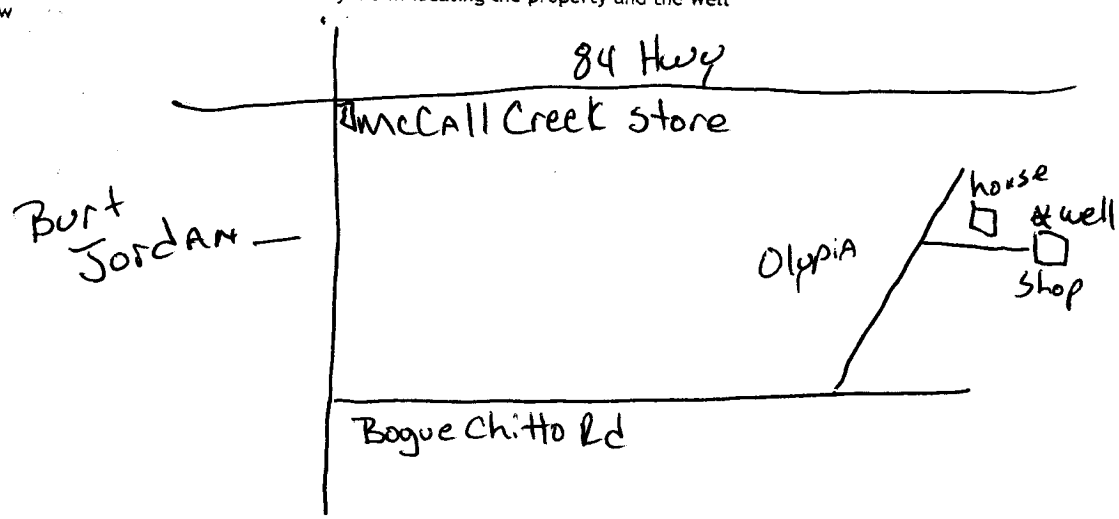
If more than one screen, show location of each on sketch

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 Clay	0	46
Sand Streaks	46	56
White Clay	56	98
Blue Clay	98	184
Sand	184	270
Blue Clay	270	275

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: Donnie Butler

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.

Michael Rees 7737 — Print Name of Responsible Licensee and License No.

10-26-18 — Date

Signature of Licensee

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

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)

County: Franklin
Permit #:
Driller: Green Water Well
Date completed: 10-26-18
Copy information from block on Part 1

For Office Use Only:
Well #: K115
Aquifer:

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

Owner Name: Dominic Butler
Mailing Address:
Olypiard
Smithdale MS
City State Zip Code
Telephone No. (601) 748-9262

Well Location

Latitude: 31.4410 Longitude: 90.6479
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SW ¼ NE ¼, Sec 31 T 5N R 5E
6 Miles S of Lucien
(Distance) (Direction) (Nearest Town)

Pump Type (check *one*)

Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (*describe*): —
Date Pump Installed: 10-26-18 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 1/2 Setting Depth: 185 feet Number of Stages: 21

Pump Test Data for Non Flowing Well

Date Well Tested: 10-26-18 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 154 Feet Below Land Surface
Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (check *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 (check *one*): ☐ New ☐ Repaired ☐ Replacement

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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 Wiggs 7737 — Print Name of Pump Installer and License No. (*if applicable*)
10-26-18 — Date
Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)