

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 #: H157
Aquifer:
E-Log #:

County: George
Permit #: 0-780
Driller: J-Pieul
Date drilling completed: 5-12-16

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: Todd REDD
Mailing Address: 108 Harrell Rd
Lucedale MS 39452
Telephone No. (601) 508-4100
Well or Borehole Location
Latitude: 36-52-3 Longitude: 88-31-37
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
4 Miles north of Aquola, MS

Well / Borehole Data
Date drilling started: 5-12-16 Date drilling completed: 5-12-16 Hole depth: 75 Hole diameter: 2
Location of the source of any surface water used for drilling: Aquola, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal Bleach
Logs run (circle all applicable): No log run
Name of organization running log(s):
Purpose of borehole (circle one) Water Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 3 feet [above or (below) land surface] Date measured: 5-12-16
Method of measurement (circle one): Air line
Well depth: 75 Well grouted to a depth of: 10 feet Type of grout (circle one): Bentonite
Casing length: 65 feet Casing diameter: 2 inches Type of casing: Plastic
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic
Screen slot size: 10 inches Setting depth: From 0 feet to 75 feet
Type of completion (circle all applicable): Gravel packed
Other (describe):
Top of tap pipe or reduction in casing: feet

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

Received

MAY 23 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: H 157
Aquifer: _____

County: DeSoto
Permit #: 0-780
Driller: J-Pierr
Date completed: 5-12-16
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>Todd REED</u>	Latitude: <u>36-52-3</u> Longitude: <u>88-31-37</u>
Mailing Address: <u>108 Howell Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Uredate</u> <u>MS</u> <u>39452</u>	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>18</u> T <u>25</u> R <u>5W</u>
City State Zip Code	<u>4</u> Miles <u>North</u> of <u>Agula, MS</u>
Telephone No. <u>(601) 508-4100</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 5-12-16 Rated Pump Capacity: 10 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: 1 Setting Depth: 40 D-L feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 5-12-16 Duration of Pump Test (minimum 4 hours): 48 hours
Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 10 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 10 GPM with a drawdown of 2 feet after 48 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.

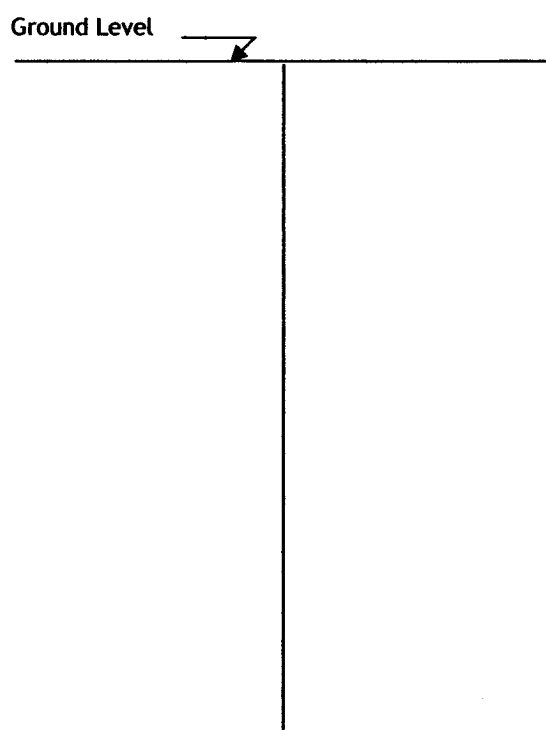
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Pierr 0-780 5-12-16 Joel Pierr
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: George
Permit #: 0-780

For Office Use Only:
Well #: H157

The sketch below only required for water wells

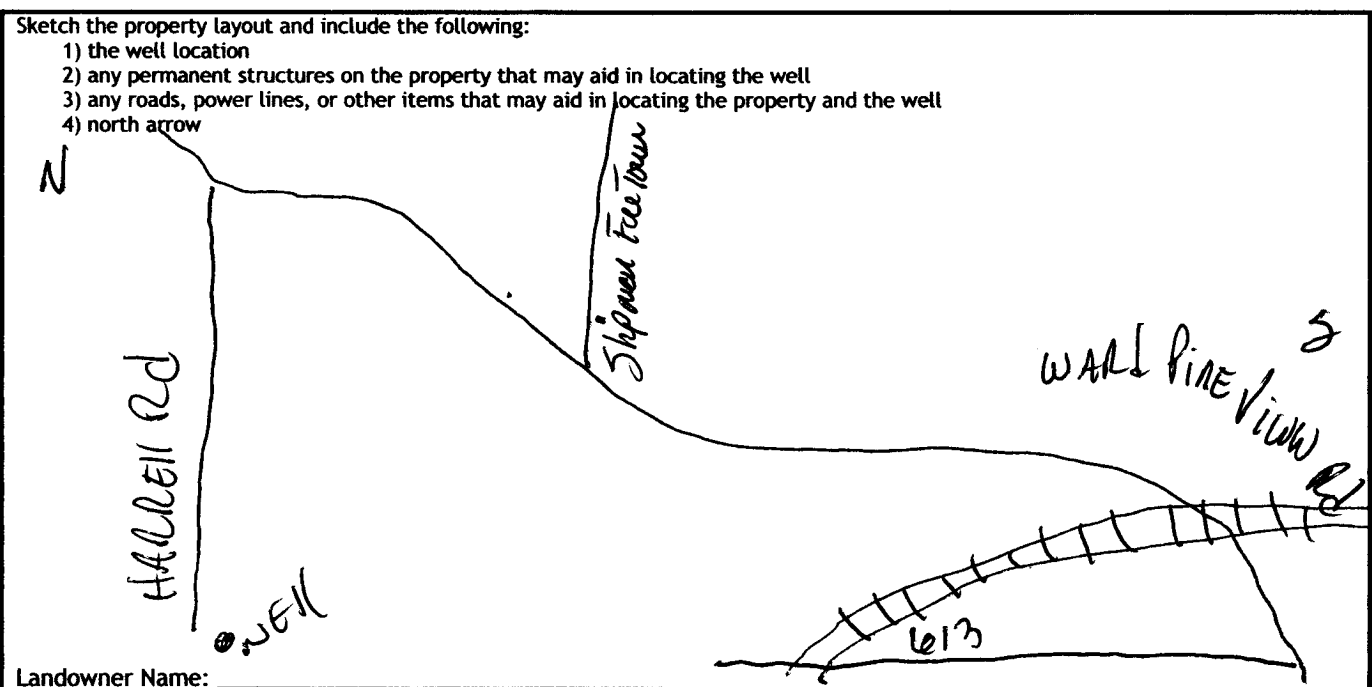
If well telescopes, show depths on sketch.



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)
<u>sand</u>	<u>Ground level</u> <u>0</u>	<u>75</u>

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



Landowner Name: _____

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.

JOEL PIER 0-780 5-12-16 Joel Pier MAY 23 2016
Print Name of Responsible Licensee and License No. Date Signature of Licensee
Form: OLWD 5/17/13 By OLWR