

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: George 039
Permit #: MS64-17156
Driller: Lyman Well
Date drilling completed: 10/28/2014

For Office Use Only:
Aquifer: _____
Well #: 598
L. S. Elevation: _____
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Red Creek Capital Investments</u>	Latitude: <u>30° 46' 25"</u> Longitude: <u>88° 51' 47"</u>
Mailing Address: <u>1192 Vestig Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Perkington MS 39573</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>23</u> Twn <u>35</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(208) 357 0498</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 10/14/2014 Date drilling completed: 10/28/2014 Hole depth: 360 Hole diameter: 10X6

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

Method of dosing and volume of Chlorine used in drilling and development: granular

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: 29' feet above or below (circle one) land surface Date measured: 10/28/2014

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

Well depth: 360 Well grouted to a depth of 300 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 4x6 inches Type of screen: multi-pack

Screen slot size: .012 inches Setting depth: From 320 feet to 360 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: 220 feet. *If telescoped or more than one screen, describe on next page*

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

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BY: OLWR

will have a MSDH # - not issued yet
SAM
6-23-15

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 #: J98
Aquifer: _____

County: George
Permit #: MS6W-17156
Driller: Lyman Well
Date completed: 12/2/2014
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>Red Creek Capital Investments</u>	Latitude: <u>30° 42' 25" N</u> Longitude: <u>88° 51' 47" W</u>
Mailing Address: <u>1192 Vestry Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston</u> <u>MS</u> <u>39573</u>	<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>23</u> T <u>3S</u> R <u>9W</u>
City State Zip Code	<u>15</u> Miles <u>SE</u> of <u>Wiggins</u>
Telephone No. (<u>601</u>) <u>357-0498</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 12/2/2014 Rated Pump Capacity: 250 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: 15 Setting Depth: 100 feet Number of Stages: 6

Pump Test Data for Non Flowing Well
Date Well Tested: 12/2/2014 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface
Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 250 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 _____ 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 (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.

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____

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DEC 09 2014
BY OLWR