

County: Green
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 9-10-18

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2300
 Jackson, MS 39225
 (601)861-5210
 (601)861-8226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E66
 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.

| | |
|--|--|
| <p>Information on Well Owner <small>(Landowner if borehole is not for a water well)</small></p> <p>Owner Name: <u>SHIRLEY BREWER</u> Mailing Address: <u>4787 PIAVE PLAZA</u> <u>RD.</u> <u>RICHMONDS 39476</u> <small>City State Zip Code</small> Telephone No.: <u>601 394 7213</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>31° 20' 29"</u> Longitude: <u>W 88° 46' 31"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 2 Twn 4N Rng 8W</u> Distance Direction Nearest Town <u>3 Miles SOUTH of SANDHILL</u></p> |
|--|--|

Well / Borehole Data

Date drilling started: 9-9-18 Date drilling completed: 9-10-18 Hole depth: 160 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 SANDY LAKE DRIVE RD.
 Method of casing and volume of Chlorine used in drilling and development: 4 1/2 HLR PER HOUR GAL
 Logs run (circle all applicable): Lithology 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: AG
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 87 feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____
 Casing length: 140 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #8 inches Setting depth: From 140 feet to 160 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 information or space does not permit, describe on next page.*

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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 #: E-66
Elevation: _____

County: Green
Permit #: 5496
Driller: EARL MOSELEY
Date completed: 9-10-18
Case information from Mark 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 of the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>Shirley Brewer</u> | Latitude: <u>31°20'29"</u> Longitude: <u>88°46'31"</u> |
| Mailing Address: <u>4787 PIAYG PLAZER</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Richmon MS 39470</u> City State Zip Code | <u>SE 1/4 NE 1/4 Sec 2 T 4W R 8W</u> |
| Telephone No. <u>(601) 394 7213</u> | Distance Direction Nearest Town <u>3 miles SOUTH SANDHILL</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | 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 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): <u>SOLAR</u> |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>9-15-18</u> | Sitting Depth: <u>110</u> feet |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>9-15-18</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>87</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>110</u> Feet Below Land Surface | For flowing well, measured static in head: _____ feet |
| Drawdown [(B)-(A)]: <u>23</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>8</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

Earl Moseley 5496
Print Name of Pump Installer and License No. (if applicable)

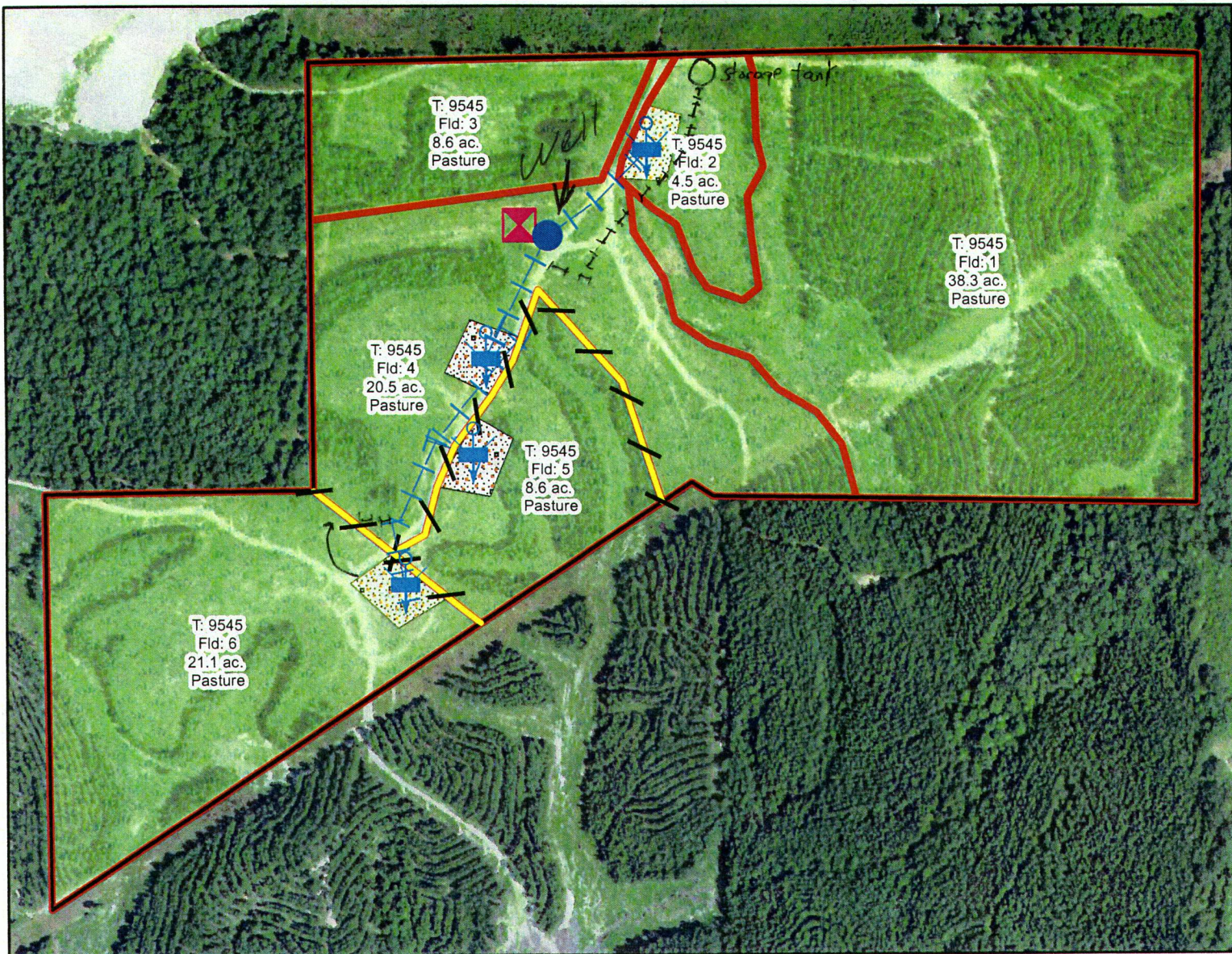
Earl Moseley
Signature of Pump Installer

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Customer(s): SHIRLEY BREWER
 Legal Description: Sec. 2, 3 T4N R8W

Field Office: WAYNESBORO SERVICE CENTER
 Agency: USDA NRCS
 Assisted By: JAMIE KEITH

E66



Prepared with assistance from USDA-Natural Resources Conservation Service

Legend

Practices (points)

Practice code, Practice name, planned_date

533, Pumping Plant, 6/1/2019

642, Water Well, 6/1/2019

614, Watering Facility, 10/1/2019

Practices (polylines)

Practice code, Practice name, planned_date

516, Livestock Pipeline, 10/1/2019

382, Fence, 8/1/2019

Tract Boundaries

EQUIP_18

Practices (polygons)

Practice code, Practice name, planned_date

561, Heavy Use Area Protection, 10/1/2019

528, Prescribed Grazing, 12/1/2020

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