

County: Green
 Permit #: _____
 Driller: David L. Cain
 Date drilling completed: 6/17/2019

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: N 77
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Bill Keys</u> Mailing Address: <u>3686 Forrest Brook Rd.</u> <u>Neely Ms 39461</u> City State Zip Code Telephone No. <u>(601)-509-1222</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31.9.37</u> Longitude: <u>88.44.4</u> Method of Lat/Long (circle one): <u>55.36</u> Conventional Survey, <u>30.44</u> USGS quad <u>Hand-held GPS</u>, Survey-grade GPS <u>SE</u> 1/4 <u>WNE</u> 1/4 Sec <u>1</u> Twn <u>2-N</u> Rng <u>87-W</u> Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Neely MS</u></p>
--	---

Well / Borehole Data

Date drilling started: 6/10 Date drilling completed: 6/17 Hole depth: 380 Hole diameter: 4"
 Location of the source of any surface water used for drilling: Neely Comm. Well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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: .80 feet above (below) (circle one) land surface Date measured: 6-17-19
 Method of Measurement (circle one) steel tape electric tape air line other: string
 Well depth: 380 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 320 feet Casing diameter: 4x2 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC
 Screen slot size: #10 inches Setting depth: From 340 feet to 380 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: 280 feet. *If telescoped or more than one screen, describe on next page*

RECEIVED
 JUL 08 2019
 BY OLWR

Southern Ms Water Well Drilling #03831 Form: OLWR-SWR-1A (04/08)
 David L. Cain 6-30-2019

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)

County: Green
 Permit #: _____
 Driller: David C. CAPW
 Date completed: 6-17-2019
 Copy information from block on Part 1

For Office Use Only:

Aquifer: N 77
 Well #: _____
 Elevation: _____

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>Bill Keys</u>	Latitude: <u>31° 9' 55.36"</u> Longitude: <u>88° 44' 30.44"</u>
Mailing Address: <u>3686 Forrest Breland Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>SE N 1/4 NE W 1/4 Sec 1 T 2-N R 87-W</u> Survey-grade GPS _____
<u>Neely</u> Ms <u>39461</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Neely Ms</u>
City State Zip Code	
Telephone No. <u>(601) 508-1222</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>6-17-2019</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>16</u> Gallons Per Minute	Number of Stages: <u>13</u>

RECEIVED
 JUL 08 2019
 BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-17-2019</u>	Air Line Electric Measuring Line Steel Tape ⁹
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>30</u> feet after <u>4</u> hours of pumping
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.

Southern MS Water Well Drilling Randall C. [Signature] 6-30-2019
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
0-3831

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

