MELL IV-

County: Permit #: Date drilling completed:

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 Off	ice Use Only	2
Well #:	567 M	CEIVED
E-Log #:	BY	30 2017
		LWA

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	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 32° 3157.3" Longitude: 90° 381 21.8"			
Owner Name: Reed town Water Association	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address:				
	USGS quad, Hand-held GPS, Survey-grade GPS			
	NE 4 NE 4, Sec 31 T 3 N R 42V			
City State Zip Code	2.5 Miles S of Utica			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / Bo	prehole Data			
Date drilling started: 3-3-17 Date drilling completed:	5-15-17 Hole depth: 180 Hole diameter: 11			
Location of the source of any surface water used for drilling: City water				
Method of dosing and volume of Chlorine used in drilling ar	nd 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 (circle one): Water Well Geotechnic	al/Geological Investigation Ground Source Heat Pump			
S <mark>eismic Survey Other (</mark> a	describe)			
If drilling is not related to water well co	nstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial				
Other (describe): Test we # 2	Pa A 5/15/17			
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 106feet [above_or_below] (circle one)	land surface Date measured:			
Method of measurement (circle one). Steel tape Electric tape Air line Other (describe):				
Well depth: 180 Well grouted to a depth of: fe	et Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 160 feet Casing diameter:				
Screen length: 20 feet Screen diameter: 6 inches Type of screen: Stainless				
Screen slot size: 620 inches Setting depth:	From 160 feet to 180 feet			
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet If telescoped or more than or	ne screen, describe on next page			
	C. OLWO CWO AA (4/4)			

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

County:	ł	or Office Use	-	
The sketch below only required for water wells	Description of formations encountered and boreholes, unless specifically exem	l must be provide npted by regulati	ed for all wells ons	
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	From (depth)	To (depth)	_
Ground Levet	brown clay	Ground level	15	
	sand a gravel	15	3.5	
	hlia alay	35	130	
	Dive Clay		130	
	Soft clay	130	160	
	sand	160	180	
		ļ		
If more than one screen, show location of each on sketch				
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid is 3) any roads, power lines, or other items that may aid in lo 4) north arrow	in locating the well cating the property and the well			RECEIVED MAY 30 2017 BY OLWR
Landowner Name: Reed Town I HEREBY CERTIFY that the well/borehole was drilled, correquirements of the Mississippi Department of Environme if applicable, and state laws. John W. Thomson 0479 5 Print Name of Responsible Vicensee and License No.	-30-17 Day V	e with all applicment of Health in the second secon	regulations,	-

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STATE WELL REPORT

County: Hinds

Date completed:

Copy information from block on Part 1

Permit #: Driller: John

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 O	ffice Use Only:
Well #: _	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L	well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.			
Well Owner Information ,	Well Location			
Owner Name: Keedbur Later Association	Latitude: 32° 3' 57.3" Longitude: 90° 38' 21.8"			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	2 5 Miles S 11 11 150			
Telephone No. ()	2.5 Miles 5 of Utica (Direction) (Nearest Town)			
	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
	lated Pump Capacity: 85 Gallons Per Minute			
Is This Pump (circle one): (New) Repaired Replacemen				
	pe (circle one)			
	dmill Other (describe):			
Horse Power Rating of Motor: Setting Depti	h: <u>160</u> feet Number of Stages:			
Pump Test Data (for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours			
Static Water Level (A): 106 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface				
Drawdown [(B) - (A)]: 54 Feet Below Land Surfa	ace Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape (Electric ta	pe Air line Other (describe):			
	a for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours 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 Replacemen	nt			
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.				
	Land Complete Annual Complete			

I HEREBY CERTIFY that the above s	tatements are true to the	best of my knowledge	
-1 . 1 -1	170	F 04 17	

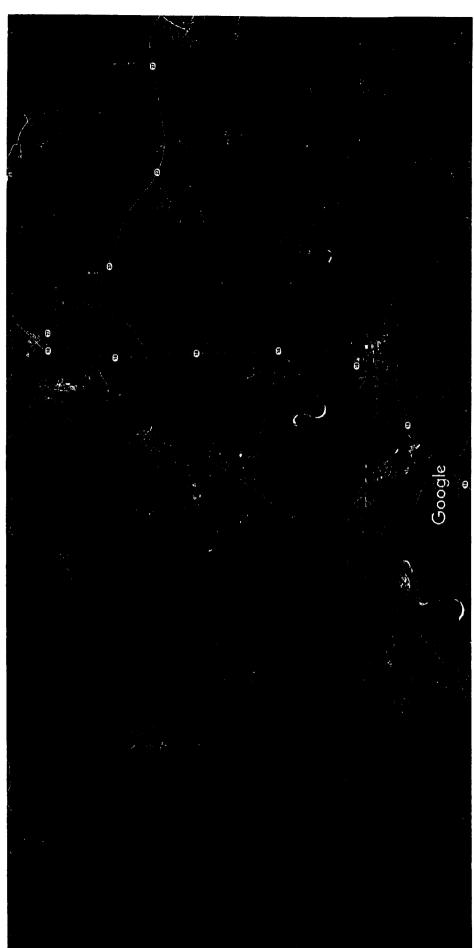
Print Name of Pump Installer and License No. (if applicable)

5-30-17 Date

Signature of Pump Installer

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

BY ON WA



Imagery @2017 DigitalGlobe, Landsat / Copernicus, USDA Farm Service Agency, Map data @2017 Google 2000 ft

RECEIVED https://www.google.com/maps/place/32%C2%B003*51,3%22N+90%C2%B038*21,8%22N/@32.066623,-90.6483582,7683m/data=!3m1!1e3!4m5!3m4!1s0x0:0x0!8m2!3d32.06425!4d-90.6393889

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MAY 30 2017

BY OLWR