

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 #: V0135
Aquifer: OLGC
E-Log #: _____

County: HINDS
Permit #: MSGW-17009
Driller: LAYNE CHRISTENSEN
Date drilling completed: 06/05/2014

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>EASTSIDE WATER ASSOCIATION</u>	Latitude: <u>N 32° 32.07575'</u> Longitude: <u>W 90° 16.520'</u>
Mailing Address: <u>PO BOX 1047</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>50.3</u>
<u>TERRY</u> MS <u>39170</u>	USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SW SE SE 1/4 Sec 23 T 13N R 1W</u>
Telephone No. (<u>601</u>) <u>878-5823</u>	Miles _____ of <u>TERRY</u>
	(Distance) (Direction) (Nearest Town)

*Location spotted from aerial photo
9-15-15*

Well / Borehole Data	
Date drilling started: <u>5/1/2014</u>	Date drilling completed: <u>6/4/2014</u> Hole depth: <u>465'</u> Hole diameter: <u>18"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <u>Gamma Ra</u> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>LAYNE CHRISTENSEN COMPANY</u>	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <u>Public Supply</u> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve <input type="checkbox"/> <u>N/A</u> Other (describe) _____	
Static Water Level: <u>214'</u> feet [above or <u>below</u> land surface (circle one)]	Date measured: <u>6/2/2014</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <u>Electric tape</u> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>465'</u> Well grouted to a depth of: <u>420</u> feet	Type of grout (circle one): <u>Neat Cement</u> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>420</u> feet Casing diameter: <u>12</u> inches	Type of casing: <u>STEEL</u>
Screen length: <u>40</u> feet Screen diameter: <u>8</u> inches	Type of screen: <u>STAINLESS STEEL</u>
Screen slot size: <u>0.018</u> inches	Setting depth: From <u>425</u> feet to <u>465</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>405</u> feet	

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

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Form: OLWR-SWR-1 (4/16) 2015

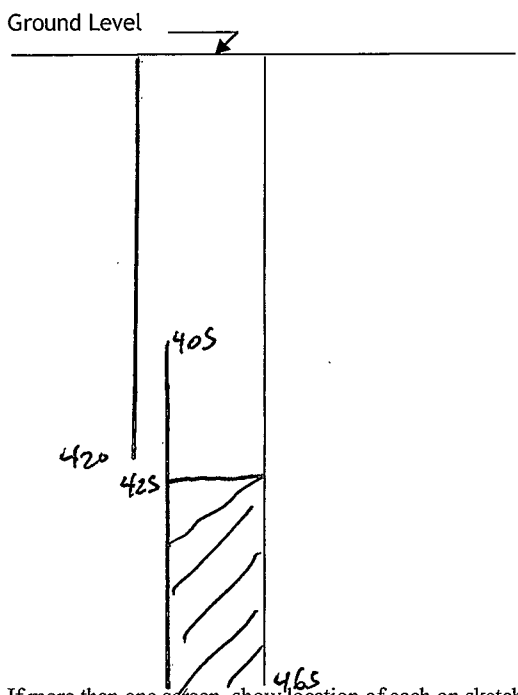
MSDH # 0250004-03

BY: OLWR

County: HINDS
 Permit #: MSGW-17009

For Office Use Only:
 Well #: 10135

The sketch below only required for water wells
If well telescopes, show depths on sketch.

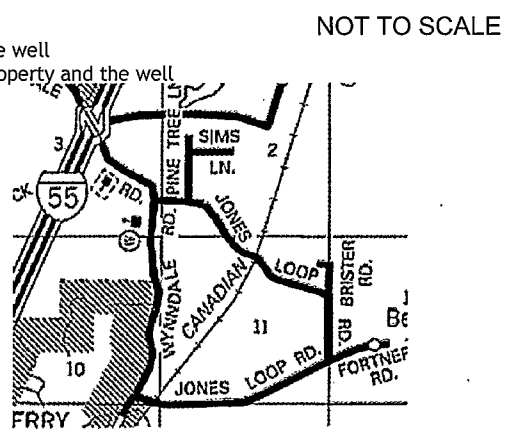
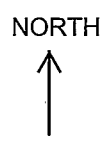


Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
BROWN & RED CLAY	Ground level	10
GRAVEL & WHITE CLAY	10	40
BLUE CLAY	40	68
BLUE CLAY & GRAY CLAY W/SAND	68	201
SHALE & HARD ROCK	201	221
GRAY CLAY	221	374
SAND	374	460
RATTY SAND & CLAY	460	500

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: EASTSIDE WATER ASSOCIATION

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.

JOEY SAVORGNAN UNR-0000766
 Print Name of Responsible Licensee and License No.

8/12/2015 [Signature]
 Date Signature of Licensee

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

AUG 20 2015

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 #: 10135
 Aquifer: _____

County: HINDS
 Permit #: MSGW-17009
 Driller: LAYNE CHRISTENSEN
 Date completed: _____
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>EASTSIDE WATER ASSOCIATION</u></p> <p>Mailing Address: <u>PO BOX 1047</u></p> <p><u>TERRY</u> <u>MS</u> <u>39170</u> City State Zip Code</p> <p>Telephone No. (<u>601</u>) <u>878-5823</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>N 32° 32.07575'</u> Longitude: <u>W 90° 16.520'</u></p> <p>Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>, USGS quad <input type="checkbox"/>, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS <input type="checkbox"/></p> <p><u>SW SE SE</u> 1/4, Sec. <u>73</u> T. <u>13N</u> R. <u>1W</u></p> <p>_____ Miles of _____ (Distance) (Direction) (Nearest Town)</p>
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Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9/25/2014 Rated Pump Capacity: 200 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: 40 Setting Depth: 350 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 1/28/2015 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 214 Feet Below Land Surface Pumping Water Level (B): 240 Feet Below Land Surface

Drawdown [(B) - (A)]: 26 Feet Below Land Surface Test Pumping Rate: 204 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: WATER SPECIALTIES Meter Serial Number: _____

Meter Model Number/Name: ML-04 Type of Meter: PROPELLOR

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.

JOEY SAVORGNAN UNR-0000766 8/17/2015
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-2A(4/10) 2015

BY: OLWR