County: <u>Holmes</u> Permit #: <u>MS-GW-17283</u> Driller: <u>Donald Soith Co., I</u> re Date drilling completed: <u>12/19/18</u>	P.O. Box 2309 Jackson, MS 39225-2309	For Office Use Only: Well #: Aquifer:	
	(601)961-5210 (601)360-0535 (fax)	· · · · · · · · · ·	

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.

Department at the above duaress manne 50 ways of co	ipication of arming of the new or observer	1		
Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 33 14 34.9N Longitude: 89 53 54.5 W			
Owner Name: Lebanon Water Assoc	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: <u>P. D. Box GID</u>	USGS quad, Hand-held GPS_X_, Survey-grade GPS			
Lexington MS 39095	4_4, sec_8_T_16N_R_4E			
City State Zip Code	8.5 Miles W of West MS	-N/FD		
Telephone No. ()	(Distance) (Direction) (Nearest Town) RF-	CEIVE		
Well / E	Borehole Data : 12/19/18 Hole depth: 1117 Hole diameter: 173/4" ng: Potable Water Used B	AN 22 2013		
Date drilling started: 1017118 Date drilling completed	: 12/19/18 Hole depth: 1117' Hole diameter: 173/4""	OWR		
Location of the source of any surface water used for drilli	ng: Potable Water used B	Y OLV.		
Method of dosing and volume of Chlorine used in drilling a				
Logs run (circle all applicable): No log run Electric Gam				
Name of organization running log(s): MS Of G	ice or veology			
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well c	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: <u>235.4</u> feet [above or (below (circle one)	v) land surface Date measured: 12/17/18			
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):			
Well depth: 918' Well grouted to a depth of: 914 feet Type of grout (circle one) (Neat Cement) Bentonite Mix				
Casing length: <u>914</u> feet Casing diameter:	12inches Type of casing: Carbon Steel			
Screen length: <u>LO</u> feet Screen diameter: _	8 inches Type of screen: SSR. bbed			
Screen slot size: 1030 inches Setting depth: From 918 feet to 978 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: <u>863</u> feet				
If telescoped or more than	one screen, describe on next page			

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

County: Holmes Permit #: MS-G-W-17283

For Office Use Only:	
well #: <u>F24</u>	

The sketch below only required for water wells

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

Ground Level			
	Description of Formations Encountered	From (depth)	To (depth
		Ground level	
	Sand Red Clay	0	10
	Sand	0	2
	White Chaulk	20	2:
914'	Chaulky Clay	22	93
914' Casi~a12"	Sundy WI Scine Clay Strki	95	17
	Grow Sand	170	23
	Sind w/ Clay Stiks	230	36
	Shole	360	413
	Clay + Gravel	430	46
	Clay wil soud Strks	460	53
	Clay	588	68
501	Clay will Sand Stoke	680	<u> </u>
	Class	710	83
8	Clay w/ Sand Strks	838	90
	Sand	907	92
	1 Clan	927	93
Good Screen	Sind	935	97
Scient Scient	Gray Clay	970	1117
978'TO 8"			
			·····
If more than one screen, show location of each on sketch			
well Site 5.3	aid in locating the well in locating the property and the well Hwy any Red)	
-			
-			
andowner Name:	, constructed, and completed in accordance mmental Quality and the Mississippi Departu	e with all applic ment of Health r	able egulations

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

STATE W	ELL REPORT		
County: Hulmes	Part 2	For Office Use Only:	
	er's Completion Report nent of Environmental Quality	Well #:E24	
Driller: Nowald Smith Co. Office of La	nd and Water Resources	weit #:	
Date completed: 1 4 11 11 9	.O. Box 2309 on, MS 39225-2309	Aquifer:	
	501)961-5210		
) 360-0535 (fax)		
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 pur	np installer. A copy of Part 1 within 30 days of well completion	
Well Owner Information	· Well L		
Owner Name: Lebanon Water Assoc	Latitude: 33 14 34.9 N Lon	gitude: 89 53 54.5 W	
Mailing Address: POBOX 610): Conventional Survey,	
		PS <u>X</u> , Survey-grade GPS	
Levilate Mar 39095			
Lexington ms 39095 City State Zip Code	<u>14</u> <u>14</u> , Sec <u>8</u> <u>T</u> <u>16</u> <u>N</u> <u>R</u> <u>4</u> <u>E</u> <u>8</u> <u>S</u> Miles <u>W</u> of <u>West</u> , <u>MS</u> (Distance) (Direction) (Nearest Town)		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)	
	pe (circle one)		
		······································	
Submersible Turbine Air Lift Centrifugal Flowing Well	전망 방법 것 같은 이 때문에서 가장은 것을 받았는 것 같은 것이다.		
Date Pump Installed: 06/04/19	Rated Pump Capacity:	Gallons Per Minute	
s This Pump (circle one): (New) Repaired Replaceme			
	pe (circle one)		
Electric) Diesel Gasoline Natural Gas Tractor PTO Wir			
Horse Power Rating of Motor:75 Setting Dep	th: <u>400</u> feet Number	of Stages:	
	for Non Flowing Well		
Date Well Tested:O9/19	Duration of Pump Test (minin	num 4 hours): <u>8</u> hours	
Static Water Level (A): 286 Feet Below Land Surface	Pumping Water Level (B):	344 Feet Below Land Surface	
Drawdown [(B) - (A)]: 58 Feet Below Land Sur		and the second	
Method of measurement (<i>circle one</i>): Steel tape Electric t		이 성이 많은 것이다. 이 것은 이 밖에 다니 것이다.	
	ata for Flowing Well		
Weasured shut in head:feet.			
Well yieldedGPM with a drawdown of	feet after	_hours of pumping	
		_nours of painpins	
	Installation	2E 22 0	
	Meter Serial Number:	t act V	
Meter Model Number/Name: T-2000 - LL	Type of Meter:	urbo OV	
Totalizer Register Unit and Multiplier Factor (AF $ imes$.001, ga	l x 1000, etc): <u>gal X</u>	1000	
Installation Date: 07/02/19 Meter installed by:	Donald Smith	Company	
s 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 t	he best of my knowledge.		
Print Name of Pump Installer and License No. (if applicable		J young ha	
Print Name of Pump Installer and License No. (if applicable	e) Date Sign	ature of Pump Installer	

