County: Humphreys Permit #: GW-46865 46866 **Driller:** Irrigation Equipment Date drilling completed: 08/12/2013

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 #:	<u>B325</u>	
Aquifer:		
E-Log #:		

sible for the work and filed with the

Department at the above address within 30 days of co		ŀ		
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location			
Owner Name: Tommy C. Grant	Latitude: 33°12'18.48"N Longitude: 90°39'30.82"W			
Mailing Address: 632 County Road 102	Method of Lat/Long (check one): Conventional Survey,			
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS			
Oxford Ms 38655	<u>SE</u> 14 <u>SE</u> 14, Sec <u>25</u> Ť <u>16 N Ř 5 W</u>			
City State Zip code	NE SE			
Telephone No	5 Miles Southwest of Isola (Nearest Town)			
Weli / I	Borehole Data			
Date drilling started: 08/12/2013 Date drilling completed	t: _08/12/2013			
Location of the source of any surface water used for drilling:	Surface Water			
Method of dosing and volume of Chlorine used in drilling and d				
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ G	amma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): ☑ Water Well ☐ Geote	echnical/Geological Investigation			
☐ Seismic Survey [Other (describe)			
If drilling is not related to water well o	construction, skip the remainder of this block			
Purpose of Well (check 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: 31' feet [☐ above or ☒ below] land surface Date measured: 08/13/2013 (check one)				
Method of Measurement (check one) $\ \ \ \ \ \ \ \ \ \ \ \ \ $	tape Air line Other: (describe)			
Well depth: 124 Well grouted to a depth of: 10 f	feet Type of grout <i>(check one)</i> : ☐ Neat Cement ☒ Bentonite ☐ Mix			
Casing length: 84 feet Casing diameter: 1	inches Type of casing: PVC			
Screen length: 40 feet Screen diameter: 1	inches Type of screen: PVC			
Screen slot size:050 inches Setting dep	th: From 85 feet to 124	WEI		
Type of completion (check all applicable): ☑ Gravel packed ☐	Underreamed ☐ Open hole ☐ Natural Development			
Other (describe):		* 0		
Top of lap pipe or reduction in casing: Feet		WE		
If telescoped or more than	one screen, describe on next page			

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

County: Humphreys Permit #: GW-46865	F Well #:	or Office Use B 3 2	-
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encountered m and boreholes, unless specifically exempt		ill wells
	Description of Formations Encountered	From (depth)	To (depth)
Ground level	Clay	Ground level	22
	Fine Sand	23	38
	Fine Sand & Gravel	39	57
	Medium Sand & Gravel	58	124
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 n 3) any roads, power lines, or other items that may 4) a north arrow	nay aid in locating the well aid in locating the property and the well		
			IECEN
			ANE 2 Y 2
		В	Y: OUM
Landowner Name: Tommy C. Grant			İ
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environn if applicable, and state laws. Patrick Chism 0695	constructed, and completed in accordance we nental Quality and the Mississippi Departmen	Form: OLWR-Sith all applicable tof Health regulation	ons,
Print Name of Responsible Licensee and License No.		ure of Licensee	
	2.5	Form: OLWR-S	WR-1A (4/13)

County: Humphreys Permit #: GW-46865 46866 **Driller:** Irrigation Equipment Date drilling completed: 08/12/2013 Copy information from block on Part 1

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

For Office Use Only:		
Well #:	<u> </u>	
Aquifer:		

(601) 360-0535 (fax) 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 Latitude: 33°12'18.48"N Longitude: 90°39'30.82"W Owner Name: Tommy C. Grant Mailing Address: 632 County Road 102 ☐ USGS guad, ☑ Hand-held GPS, ☐ Survey-grade GPS 38655 SE 14 SE 14, Sec 25 T 16 N R 5 W Ms Oxford State Zip code Citv Southwest of Isola Telephone No. (Nearest Town) (Distance) Pump Type (check one) ☐ Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Rated Pump Capacity: 2500+/- ____ Gallons Per Minute 08/13/2013 Date Pump Installed Is This Pump (check one): ☑ New ☐ Repaired ☐ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: Feet feet after hours of pumping GPM with a drawdown of Meter Installation Meter Manufacturer: None installed Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: Is This Meter (check 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. Patrick Chism 08/21/2013 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Date Form: OLWR-SWR-18 (4/13)