County: Issaquena Permit #: NA Driller: UNR-7226 Date drilling completed: 12/20/15	Part 1 — Mississippi Departme Office of Land : P.O Jackso (601	Vell Report Driller's Log ent of Environmental Quality and Water Resources . Box 2309 en, MS 39225 .)961- 5210 61- 5228 (fax)	For Office Use Only: Aquifer: Well #: L. S. Elevation: E-log #:
State Law requires that this report Department at the above address	rt be prepared by the li within 30 days of con	cense holder responsible for a apletion of drilling of the well	the work and filed with the or borehole.
Information on Well Owner (Landowner if borehole is not for a water well) Owner Name USACE Vicksburg District Mailing Address: 4155 Clay Street		Well or Borehole Location Latitude: 32 .48 ,02 " Longitude: 91 .07 ,18 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW 1/4 NE 1/4 Sec 5 Twn 11N Rng 13E	
Vicksburg M City Sta Telephone No. (601) 631-5000		SW 1/4 NE 1/4 Sec 5 Distance Direction Miles WEST	Nearest Town
Date drilling started: 11/20/15 Date dr Location of the source of any surface wat Method of dosing and volume of Chloring	rilling completed: 12/20	rehole Data D/15 Hole depth: 90'	Hole diameter: 20"

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Static Water Level: 11' BELOW feet above or below (circle one) land surface Date measured:_

Casing diameter: 8"

Screen diameter: 8"

Method of Measurement (circle one) steel tape electric tape air line other:

Other (describe):

Setting depth: From 85'

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:

Other (describe)

inches

inches

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Type of grout (circle one): Neat Cement entonite Mix

Type of casing: SS

Type of screen: SS

feet to 25'

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

Name of organization running log(s):

 $_{Casing\; length:}\; \bf 25'$

Screen length: 60'

Screen slot size: _.020

If a flowing well, method of flow regulation: Valve $\begin{tabular}{l} \begin{tabular}{l} \begin{tabular}{$

Well depth: 85' Well grouted to a depth of 10' feet

feet

feet

Top of lap pipe or reduction in casing: NONE

inches

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

feet

NONE

Ground Level

5'

20'

From (depth) To (depth)

5'

20'

90'

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

Description of Formations Encountered

Average Strata in area CLAY Average Stata in area Clayey Silt

Average Stata in area Sand ###Relief Wells 1 - 4 ###

Landowner Name: certify that the well/borehole was drilled, constructed was drilled. Joel Miller		n accordance with all applic	=	the
certify that the well/borehole was drilled, constructed vississippi Department of Environmental Quality and aws.	d the Mississippi D	in accordance with all applic Department of Health regular	able requirements of	the
certify that the well/borehole was drilled, constructo		n accordance with all applic	able requirements of	the
certify that the well/borehole was drilled, constructe		n accordance with all applic	able requirements of	the
	ed, and completed i			•
Landowner Name:			Form: OLWR-SWR-1 <i>4</i>	A (04/0
Landowner Name:				
Landowner Name:				
DEE ATTACHED WAF				
SEE ATTACHED MAP				
4) a north arrow.		, 6 .	• •	
ketch the property layout and include the following: 1 aid in locating the well; 3) any roads, pov) the well location; her lines, or other ite	z) any permanent structures of ems that may aid in locating th	e property and the well	;
) ony narmanent structures of	the property that may	
If more than one screen, show location of each on	sketch			
	<u> </u>			
ļ				
1				
	<u> </u>			
			11	
	Relief Wells 1-4	re are a total of 16 Relief Wells on this s , north to south, have the same length screen ar	nd riser	

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

County: Was	hington
Permit #: na	
Driller: UNR	-7226
Date completed:	
-	n from block on Part

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)

For Office Use Only:	
Aquifer:	
Well #: <u>C</u> 89	
Elevation:	

Copy injormation from block on Turi 1	(001)701-3220 (IBA)			
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: USACE Vicksburg District	Latitude: 32 48 02 Longitude: 91 07 18			
Mailing Address: 4155 Clay Street	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Vicksburg MS 391				
•	Distance Direction Nearest Town			
Telephone No. (601) 631-5000	14 Miles WEST of Rolling Fork			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersib	le Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing W				
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed:	Setting Depth:feet			
Rated Pump Capacity: Gallons Per	Minute Number of Stages:			
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one			
	Air Line Flectric Measuring Line Steel Tane			
Static Water Level (A):Feet Below Land				
Pumping Water Level (B):Feet Below Land	Surface Other (specify):			
Drawdown [(B) – (A)]: Feet Below Land	Surface For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per				
Duration of Pump Test (minimum 4 hours):	hours feet after hours of pumping			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

Joel Miller UNR-7226

Joel Miller

Digitally signed by Joel Miller

DN: cn=Joel Miller, o=Riverside Construction Company Inc., ou=Riverside

Construction Company Inc., email=Riversidemiller2@gmail.com, c=US

Date: 2015.07.01 08:34.00 -05'00'

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

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)