| STATE WELL REPORT | | | | | |
|--|--|--|----------------------|--|--|
| County: Defferson Davis | | Part 1 | For Office Use Only: | | |
| Permit #: | Driller's Log | | Well #: <u>B 53</u> | | |
| Driller: James M. Wells | Mississippi Department of Environmental Quality Office of Land and Water Resources | | Aquifer: | | |
| Date drilling completed: \$\frac{\fint}{\fint}}}}}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fir\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{ | F | P.O. Box 2309 | E-Log #: | | |
| Date drilling completed: 0 1110 | Jackson, MS 39225-2309 (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. | | | | | |
| Well Owner Information | | 31 44 35 Well or Borehole Location 87 50 33 | | | |
| (Landowner if borehole is not for | • | Latitude: 31°44.588 Longitude: 089° 50.558 | | | |
| Owner Name: Stamps Fo | 21m5 | • | | | |
| Mailing Address: | | Method of Lat/Long (check one): Conventional Survey, | | | |
| 365 Mt. Olive Rd. | | USGS quad, Hand-held GPS, Survey-grade GPS | | | |
| - 0 | | SE 1/4 SE 1/4, Sec +7 18 9N R 18W | | | |
| Prentiss MS 39474 JE 1/4, Sect T T 910 R 100 City State Zip Code 15 Miles N of Prentiss | | | | | |
| Telephone No. (601) 543-9 | Miles V of REN H 5 (Distance) (Direction) (Nearest Town) | | | | |
| Telephone No. (Will) 373-1750 (Mediest 10Mil) | | | | | |
| Well / Borehole Data | | | | | |
| Date drilling started: $8-14-15$ Date drilling completed $8-14-15$ Hole depth: 220 Hole diameter: $73''$ | | | | | |
| Location of the source of any surface water used for drilling: | | | | | |
| Method of dosing and volume of Chlorine used in drilling and development: granule chlorine | | | | | |
| 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 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture | | | | | |
| Other (describe): Chicken house | | | | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | | | | |
| Static Water Level: 120 feet [above or below] land surface Date measured: 8-14-15 (circle one) | | | | | |
| Method of measurement (circle one): teel tape Electric tape Air line Other (describe): | | | | | |
| Well depth: 200 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix | | | | | |
| Casing length: 180 feet Casing diameter: 4 inches Type of casing: DVC | | | | | |
| Screen length: 40 feet Screen diameter: 4 inches Type of screen: 6VC | | | | | |
| Screen slot size: | | | | | |
| Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development | | | | | |

____feet

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

Other (describe): _______

Top of lap pipe or reduction in casing: ______

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

| County: Sefferson Davis Permit #: | | For | r Office Use | Only: | |
|--|--|---|------------------------------------|------------------------|--|
| The sketch below only required for water wells | | Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations | | | |
| If well telescopes, show depths on sketch. | Description of Formations | Encountered | From (depth) | To (depth) | |
| Ground Level | | topsoil | Ground level | | |
| | | clay | 160 | 168 | |
| | | ->wa | 160 | ØØ0 | |
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| | | | | | |
| 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 3) any roads, power lines, or other items that may aid 4) north arrow | r aid in locating the well I in locating the property and the | e well | | | |
| | A | | | | |
| M+ Olive | Rd. | | | | |
| ** | | | | | |
| Hay | | | OCT 0 | 1 2015 | |
| Landowner Name: Stamps Farms | 5 | | Acres 4 - A | | |
| HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environing applicable, and state laws. | d, constructed, and complet onmental Quality and the Mi | ed in accordan ssissippi Depart | ce with all appl ment of Health | icable regulations, | |
| James M. Wells 00005889 | | ànne 1 | crel | • • | |
| Print Name of Responsible Licensee and License No. | Date | Signatu | re of Licensee | R-SWR-1A (4/1 | |

STATE WELL REPORT

Sefferson Dowis

Copy information from block on Part 1

County: _

Permit #:

Driller: James

Date completed:

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 #: \$53 | |
|-----------------------------------|---|
| Aquifer: | - |

| (601) | 36U-U333 (Tax) | | | | |
|---|--|--|--|--|--|
| This part of the report must be completed by a licensed water v | vell contractor or a licensed pump installer. A copy of Part 1 partment at the above address within 30 days of well completion. | | | | |
| Well Owner Information | Well Location | | | | |
| Owner Name: Stamps Facms | Latitude: 31°44,588 Longitude: 089°50,558 | | | | |
| Mailing Address: | Method of Lat/Long (check one): Conventional Survey, | | | | |
| 365 Mt. Olive Rd. | USGS quad, Hand-held GPS, Survey-grade GPS | | | | |
| Prentiss MS 39474 City State Zip Code | | | | | |
| | 15 miles N of Prentiss | | | | |
| Telephone No. (601) 543 - 99.56 | (Distance) (Direction) (Nearest Town) | | | | |
| | e (circle one) | | | | |
| Submersible Turbine Air Lift Centrifugal Flowing Well | Jet Piston Rotary Other (describe): | | | | |
| Date Pump Installed: 8-14-15 R | ated Pump Capacity: 55 Gallons Per Minute | | | | |
| ts This Pump (circle one): New Repaired Replacemen | | | | | |
| Power Typ | e (circle one) | | | | |
| Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): | | | | | |
| Horse Power Rating of Motor: Setting Depth | n: | | | | |
| Pump Test Data for Non Flowing Well | | | | | |
| Date Well Tested: 7-14-15 Duration of Pump Test (minimum 4 hours): 4 hours | | | | | |
| Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface | | | | | |
| Drawdown [(B) - (A)]: 132 10 Feet Below Land Surface Test Pumping Rate: 70 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. | <u> </u> | | | | |
| 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: | OCT 0 1 2015 | | | | |
| is This Meter (circle one): New Repaired Replaceme | and the control of th | | | | |
| 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. | | | | | |
| Times Millells 00005889 | 9.28-15 James M. Cully | | | | |

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

Date

Signature of Pump Installer

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