

STATE WELL REPORT

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date drilling completed: 5-31-16

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 #: H 147
 Aquifer: _____
 E-Log #: _____

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>Carolyn Harrison</u>	Latitude: <u>31° 41' 18" N</u> Longitude: <u>88° 59' 18" W</u>
Mailing Address: <u>85 Holifield Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Laurel</u> <u>Ms.</u> <u>39443</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>3</u> T <u>BN</u> R <u>10W</u>
City State Zip Code	<u>± 6</u> Miles <u>E</u> of <u>Laurel</u>
Telephone No. <u>(601) 433-1236</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-23-16 Date drilling completed: 5-26-16 Hole depth: 286 Hole diameter: 6.34"

Location of the source of any surface water used for drilling: M+M Water Assn.

Method of dosing and volume of Chlorine used in drilling and development: ---

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): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 85 feet [above or below] land surface Date measured: 5-31-16
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 285 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 265 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 265 feet to 285 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

Received

Form: OLWR-SWR-1A (4/13)
 JUN 02 2016

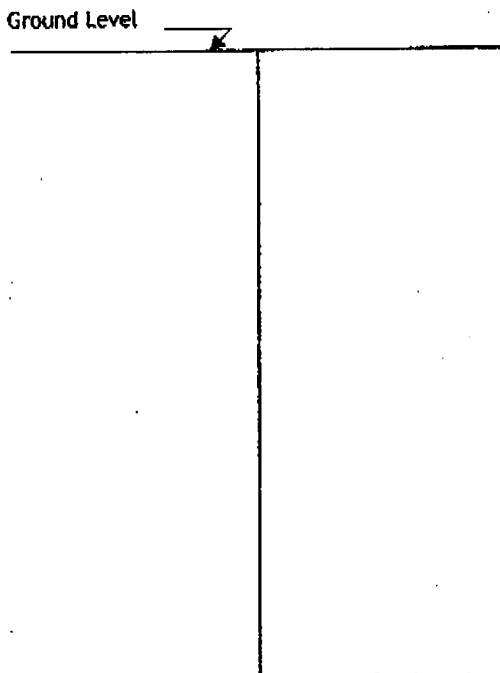
By OLWR

County: Jones
 Permit #: _____

For Office Use Only:
 Well #: H 417

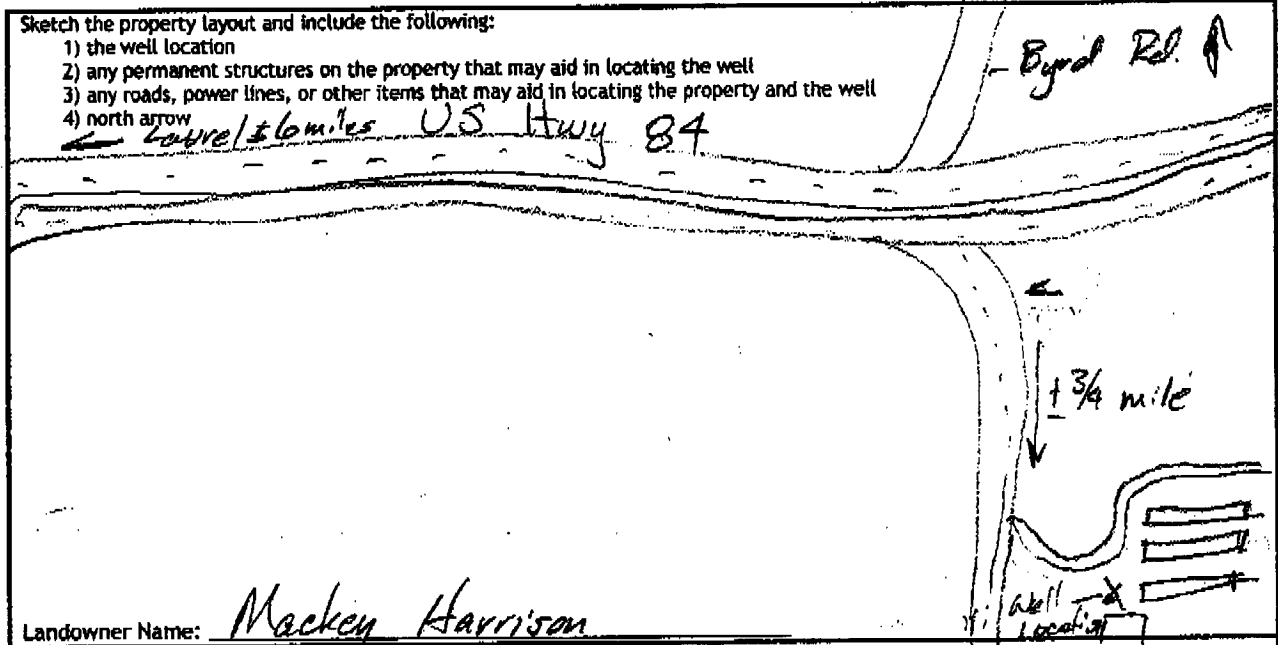
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
Tan white clay	Ground level	17
Sand stone	17	17
White clay	17	29
Gray clay	29	50
Sand + Pea gravel	50	70
Tan + White clay	70	105
White Sandy clay	105	140
Gray-green clay	140	160
Soft sandy clay	160	177
Sand	177	182
Gray green clay	182	209
clay w/ sandy streaks	209	220
Sand	220	285
Clay	285	286

If more than one screen, show location of each on sketch



Landowner Name: Mackey Harrison

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.

Mike Baughman 587 6-1-16
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

Received
 JUN 02 2016
 Form OLWR-SWR-1A (4/13)

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)

County: Texas
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: 147
 Aquifer: _____

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: <u>Carolyn Harrison</u>	Latitude: <u>31° 41' 18" N</u> Longitude: <u>88° 59' 18" W</u>
Mailing Address: <u>25 Holifield Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lawrel</u> <u>Ms.</u> <u>39443</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>3</u> T <u>8N</u> R <u>10W</u>
City State Zip Code	<u>1.6</u> Miles <u>E</u> of <u>Lawrel</u>
Telephone No. <u>(601) 433-1236</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-31-16 Rated Pump Capacity: 55 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: 5 HP Setting Depth: 160 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 23 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: _____ 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: _____

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.

Mike Baughman 587 6-1-16 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

JUN 02 2016

By OLWR