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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 #: F83

Aquifer: _____

E-Log #: _____

County: Lauderdale
Permit #: MS-60-17065
Driller: Aldric Jones
Date drilling completed: 2-12-14

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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>NTS Utility Assoc.</u>		Latitude: <u>32° 26' 23.68"</u> Longitude: <u>98° 50' 00.81"</u>	
Mailing Address: <u>4313 Poplar Springs Dr</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Meridian</u> State: <u>MS</u> Zip Code: <u>39305</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (601) <u>483-0862</u>		<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>23</u> T. <u>7N</u> R. <u>14E</u>	
		<u>9.18</u> Miles <u>NW</u> of <u>Meridian</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 1-16-14 Date drilling completed: 2-12-14 Hole depth: 559' Hole diameter: 21"

Location of the source of any surface water used for drilling: NTS water supply

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): Teaco Geophysical Logging Services

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: 95 feet [above or below] (circle one) land surface Date measured: 6-6-14

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

Well depth: 310' Well grouted to a depth of: 285 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 285 feet Casing diameter: 12 inches Type of casing: stainless steel

Screen length: 30 feet Screen diameter: 8 inches Type of screen: stainless steel

Screen slot size: .012 inches Setting depth: From 299 feet to 319 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 242 feet

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

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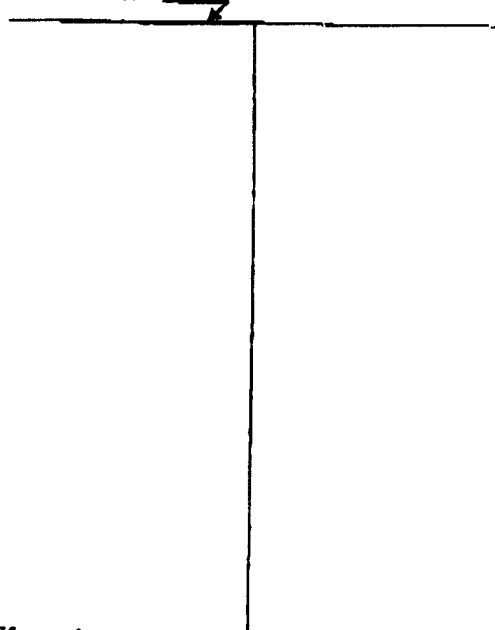
County: Lauderdale
 Permit #: GW17665

For Office Use Only:
 Well #: F83

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



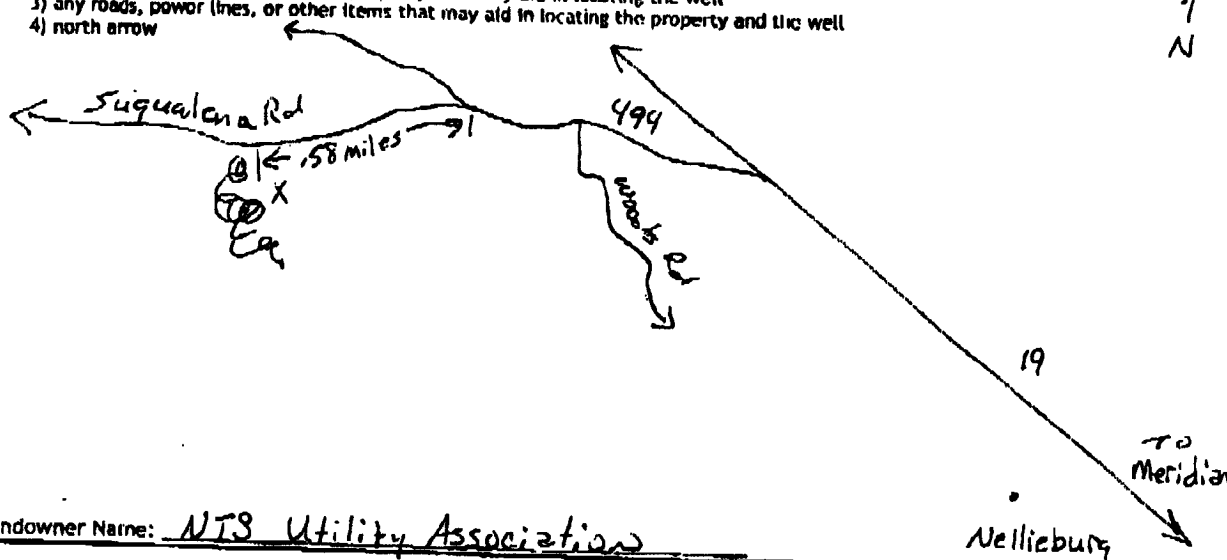
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	10
Clay & lignite	10	43
Sand, Clay & Shale	43	66
Fine Sand w/ Clay	66	105
Clay w/ Fine Sand	105	139
Rock	139	140
Clay w/ Fine Sand	140	171
Rock	171	172
Clay w/ Sand	172	219
Rock	219	221
Clay w/ Sand	221	266
Sand w/ Clay	266	317
Clay w/ Sand	317	414
Clay	414	559

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: NTS Utility Association

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.

Clayton Miller 0703 8-29-14 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Well #: FB3
Aquifer: _____

County: Lauderdale
Permit #: 6017065
Driller: Michael Wells
Date completed: 6-6-14
Copy information from block on Part 1

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>NTS Utility Association</u>			Latitude: <u>32°26'23.68"</u> Longitude: <u>88°50'00.81"</u>		
Mailing Address: <u>4313 Poplar Springs Dr</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Meridian</u> State: <u>MS</u> Zip Code: <u>39305</u>			USGS quad _____ Hand-held GPS <u>Y</u> Survey-grade GPS _____		
Telephone No. (601) <u>483-0862</u>			<u>NE 1/4 NE 1/4, Sec 23 T 2N R 14E</u>		
			<u>9.18</u> Miles <u>NW</u> of <u>Meridian</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-6-14 Rated Pump Capacity: 200 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: 25 Setting Depth: 273 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 8/27/14 Duration of Pump Test (minimum 4 hours): 24 hours
 Static Water Level (A): 95' Feet Below Land Surface Pumping Water Level (B): 237 Feet Below Land Surface
 Drawdown [(B) - (A)]: 142 Feet Below Land Surface Test Pumping Rate: 203 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: McCrometer Meter Serial Number: 20141391
 Meter Model Number/Name: ML04-06 Type of Meter: ExF Propeller
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000
 Installation Date: 6-6-14 Meter Installed by: Mid South Water, LLC
 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.

Clayton Miller 0-703 8-29-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer