

County: Lawrence
 Permit #: _____
 Driller: A J Fincher
 Date drilling completed: 1-7-14

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F29
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Claude Glass</u>	Latitude: <u>31° 32' 33"</u> Longitude: <u>90° 10' 48" W</u>
Mailing Address: <u>8219 Pergimmon Ln</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Long Beach MS 39560</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 27</u> Twn <u>7N</u> Rng <u>10E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Monticello</u>

Well / Borehole Data

Date drilling started: 11-15-13 Date drilling completed: 1-7-14 Hole depth: 586 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply

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

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

Name of organization running log(s): Teaco Geophysical

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: Poultry

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

Static Water Level: 6 feet above of below (circle one) land surface Date measured: _____

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

Well depth: 515 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 495 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 475 feet to 515 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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
 AUG 01 2017
 BY OLWR

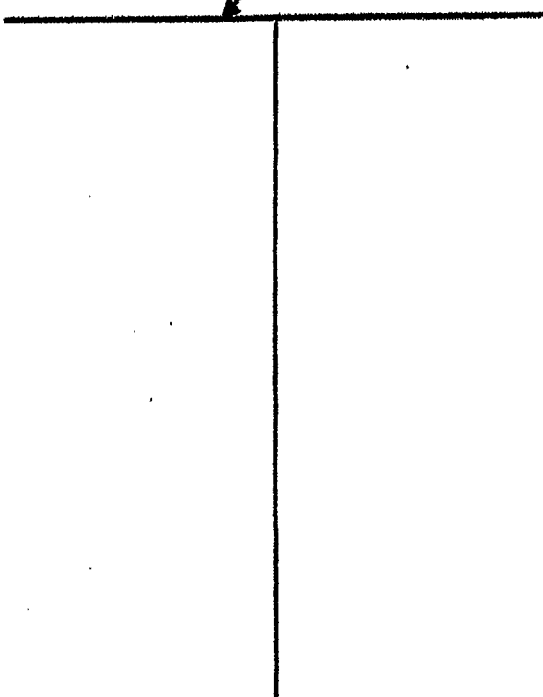
County: _____
Permit #: _____

For Office Use Only:
Well #: F29

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

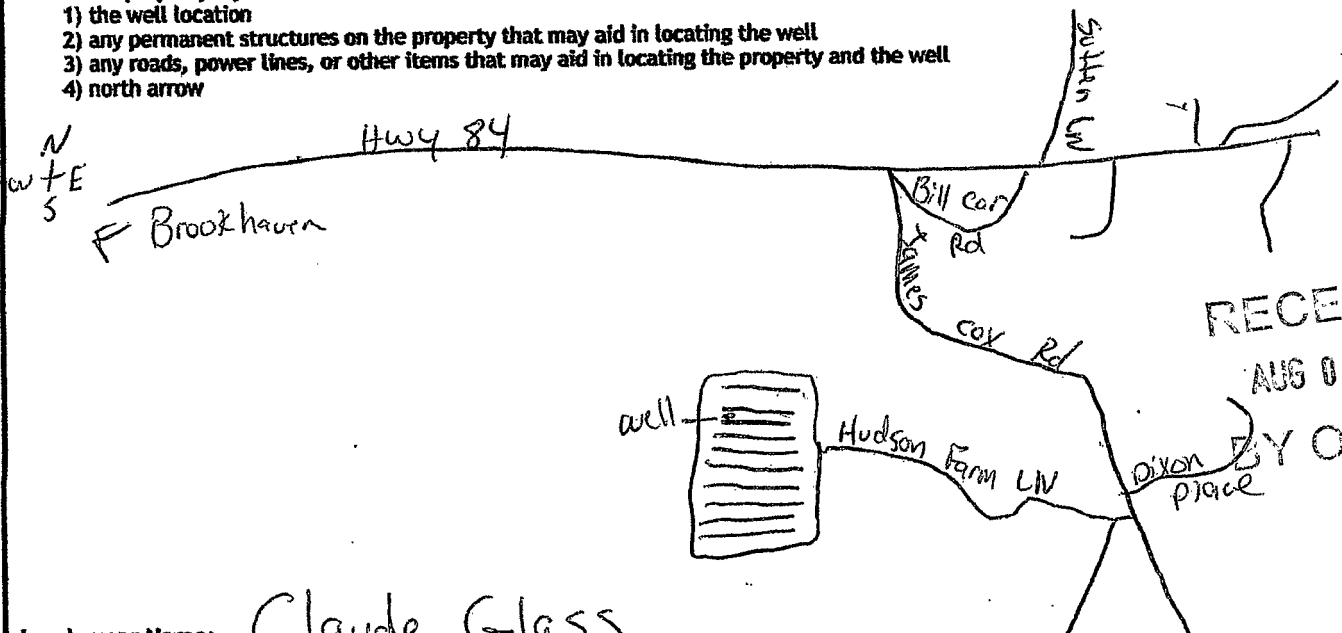


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
sand		50
clay	50	175
sand	175	205
clay	205	475
sand	475	515
sand streaks	515	585


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: Claude Glass

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.

Arnold FINDER, Jr 0-560 1-8-14 
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: F29
Aquifer: _____

County: Lawrence
Permit #: _____
Driller: A.S. Fincher
Date completed: 1-8-14
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>Claude Glass</u>	Latitude: <u>31 32 33 N</u>		Longitude: <u>90 10 48 W</u>		
Mailing Address: <u>8219 Persimmon Ln</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad <u>SE 1/4 SE 1/4, Sec 27 T. 7N R. 10E</u>		
<u>Long Beach</u> MS <u>39562</u>	City State Zip Code		<u>5</u> Miles <u>W</u> of <u>Monticello</u>		
Telephone No. () _____			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 1-8-14 Rated Pump Capacity: 5.5 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: 7.5 Setting Depth: 260 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 1-8-14 Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 61 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface
Drawdown [(B) - (A)]: 139 Feet Below Land Surface Test Pumping Rate: 75 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.
Arnold Fincher Jr 0-560 1-8-14 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer