

Grid N

County: Loake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 9-23-15

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)981- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: NGO
 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>Jessie DAVIS 8</u>	Latitude: <u>32° 36' 3.62"</u> Longitude: <u>89° 40' 0.49"</u>
Mailing Address: <u>1 FRANCOIS COVE</u>	Method of Lat/Long (circle one): <u>Hand held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS
<u>Brandon MS 39049</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 27 Twn 9N Rng 6E</u>
Telephone No. <u>(601) 260-1079</u>	Distance <u>3</u> Miles <u>SW</u> Direction of <u>Good Hope</u> Nearest Town

Well / Borehole Data

Date drilling started: 9-22-15 Date drilling completed: 9-23-15 Hole depth: 205 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 1 liter in tank for wash

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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: Pantry

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

Static Water Level: 45 feet above below (circle one) land surface Date measured: 9-23-15

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

Well depth: 205 Well grouted to a depth of 10+ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 175 feet to 205 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*

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \rightarrow

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)
Clay & Sand	0	60
Gray CLAY	60	90
Good Sand w/prange trace	90	130
Sand & lignite	130	155
Med. Sand & clay	155	170
Med. fine light gray Sand	170	205

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) a north arrow.

Landowner Name: Jessie Davis 8

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

I 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.

David S. Thomas 9-23-15

Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Leake
 Permit #: _____
 Driller: THOMAS DRILLING
 Date completed: 10-2-15
Copy information from block on Part 1

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 #: N50
 Elevation: _____

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>Jessie Davis 8</u>	Latitude: <u>32° 36' 3.02"</u> Longitude: <u>89° 40' 0.49"</u>
Mailing Address: <u>1 FRANCOIS COVE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon MS 39049</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601)260-1099</u>	____ 1/4 ____ 1/4 Sec <u>29</u> T <u>9N</u> R <u>6E</u>
	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>Good Hope</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP 30</u>
Date Pump Installed: <u>10-2-15</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10-2-15</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20 ±</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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.

David S. Thomas 0-149
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer