

County: LEAKE
 Permit #: _____
 Driller: THOMAS Drilling
 Date drilling completed: 7-21-15

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
 (801)981-5210
 (801)981-5228 (fax)

For Office Use Only:
 Aquifer: Q 45
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Brad Green</u> Mailing Address: <u>P.O. Box 503</u> <u>Sebastopol MS 39359</u> City State Zip Code Telephone No. <u>(601) 527-8078</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 37' 49" N</u> Longitude: <u>89° 19' 53" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4</u> Sec <u>13</u> Twn <u>9N</u> Rng <u>9E</u> Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Sebastopol</u></p>
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Well / Borehole Data

Date drilling started: 7-21-15 Date drilling completed: 7-21-15 Hole depth: 144 Hole diameter: 4"

Location of the source of any surface water used for drilling: Land owner water meter
 Method of dosing and volume of Chlorine used in drilling and development: 10 in tanks & wash

Logs run (circle all applicable): None 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: _____

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-21-15

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

Well depth: 144 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Benmate Mix

Casing length: 124 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 010 inches Setting depth: From 124 feet to 144 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*

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

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7-23-15
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 #: Q45
 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>Brad Green</u>	Latitude: <u>32° 37.8195'</u> Longitude: <u>89° 19.8880'</u>
Mailing Address: <u>P.O. Box 503</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sebastopol</u> <u>Ms</u> <u>39359</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> T <u>9N</u> R <u>9E</u>
Telephone No. (<u>601</u>) <u>527-8078</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>N</u> of <u>Sebastopol</u>

Pump Type Circle one	Power Type Circle one
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"/>	Electric Motor <input 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>1 1/2 HP</u>
Date Pump Installed: <u>7-23-15</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-23-15</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</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 0-147
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)