

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 #: A 37
Aquifer: _____
E-Log #: _____

County: Lee
Permit #: _____
Driller: Scott Holcomb
Date drilling completed: 6-12-15

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>Ross Loftin</u>	Latitude: <u>34-27'20.952</u> Longitude: <u>88-43'57.568</u>
Mailing Address: _____ <u>108 Yosemite Cir.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Tupelo</u> <u>Ms.</u> <u>38801</u>	<u>NW 1/4 SW 1/4, Sec 24 T 7S R 5E</u>
City State Zip Code	<u>3 1/2</u> Miles <u>W</u> of <u>Guntown</u>
Telephone No. <u>(662) 231-8681</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-8-15 Date drilling completed: 6-12-15 Hole depth: 540' Hole diameter: 7 1/4"
Location of the source of any surface water used for drilling: Lake on the property
Method of dosing and volume of Chlorine used in drilling and development: 75 ppm
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: 124 feet [above or below] land surface Date measured: 6-15-15
(circle one)
Method of measurement (circle one): (Steel tape) Electric tape Air line Other (describe): _____
Well depth: 540' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)
Casing length: 380 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 500 feet to 540 feet
Type of completion (circle all applicable): (Gravel packed) Underreamed Open hole Natural Development
Other (describe): Telescope 4" x 2"
Top of lap pipe or reduction in casing: 360 feet

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

RECEIVED
BY: OLWR

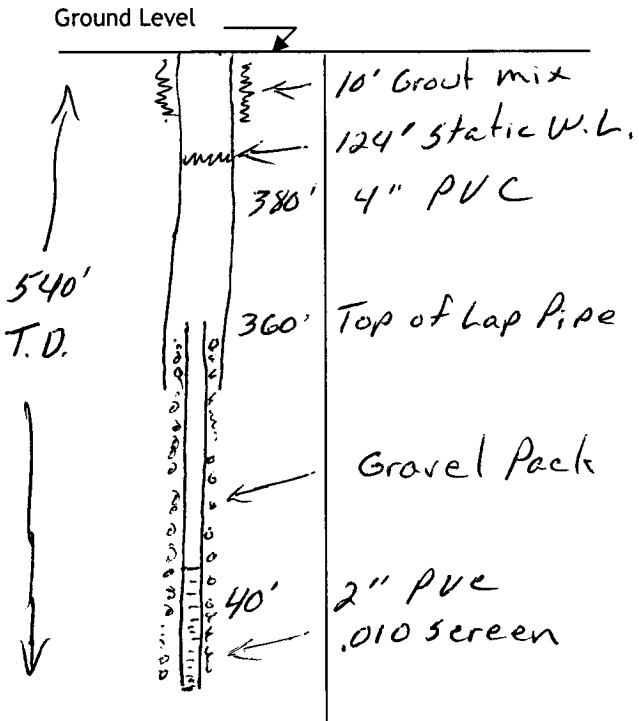
County: Lee
 Permit #: _____

For Office Use Only:
 Well #: A37

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

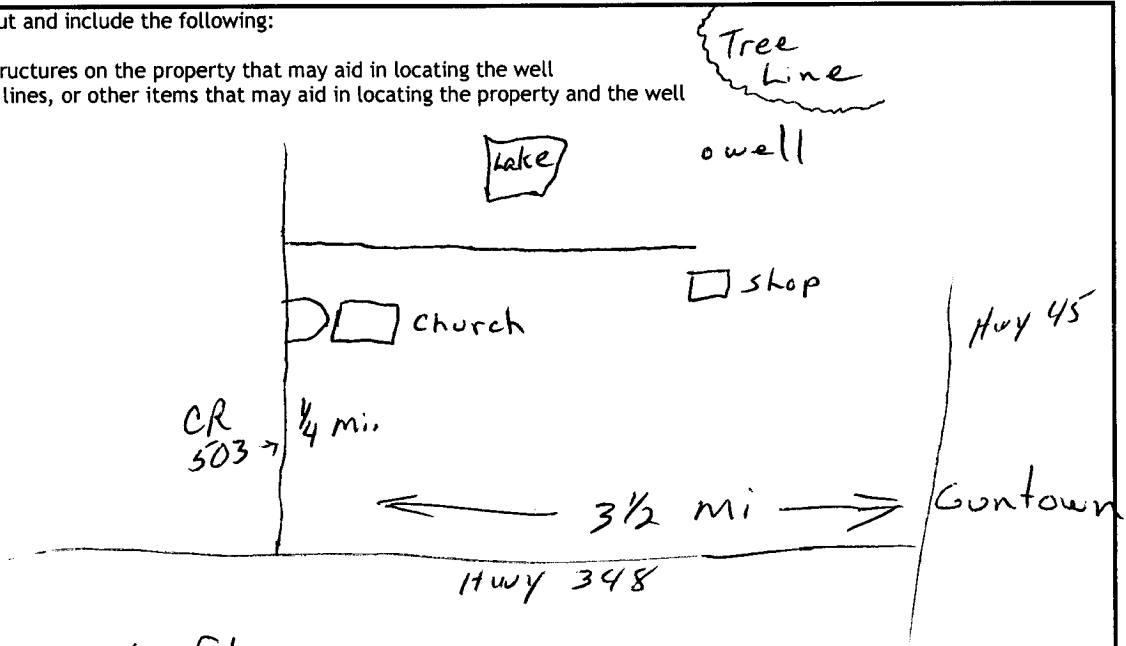


Description of Formations Encountered	From (depth)	To (depth)
Top Clay	Ground level	25
Blue Clay	25	110
Coffee Sand	110	125
Blue + Grey Clay	125	180
Coffee Sand	180	195
Silt + Clay	195	235
Coffee Sand	235	245
Black + Green Clay	245	430
Silty Sand	430	445
Eutaw Sand	445	540

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: Ross Loftin

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.

Scott Holcomb UNR6593 7-6-15 Scott Holcomb
 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)

County: Lee
 Permit #: _____
 Driller: Scott Holcomb
 Date completed: 6-15-15
Copy information from block on Part 1

For Office Use Only:

Well #: A 37
 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>Ross Lottin</u>	Latitude: <u>34° 27' 20.952</u> Longitude: <u>88° 43' 57.568</u>
Mailing Address: _____ <u>108 Yosemite Cir.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Tupelo</u> MS <u>38901</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>3 1/2</u> Miles <u>W</u> of <u>Guntown</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 231-8681</u>	

Pump Type (circle one)

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

Date Pump Installed: 6-15-15 Rated Pump Capacity: 10 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: 1 H.P. Setting Depth: 160 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 6-15-15 Duration of Pump Test (minimum 4 hours): 12 hours

Static Water Level (A): 124 Feet Below Land Surface Pumping Water Level (B): — Feet Below Land Surface

Drawdown [(B) - (A)]: — Feet Below Land Surface Test Pumping Rate: 10 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.

Scott Holcomb UNR 0593 7-6-15 Scott Holcomb
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer