

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 #: E105
Aquifer: _____
E-Log #: _____

County: Lee
Permit #: _____
Driller: Scott Holcomb
Date drilling completed: 9-30-15

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>George DeVaughn</u>	Latitude: <u>34°21'57"</u> Longitude: <u>88°40'38"</u>
Mailing Address: <u>257 Fellowship Rd</u> <u>Salt Lillo Ms. 38866</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SW 1/4, Sec 21 T 82 R 6E</u>
Telephone No. <u>(662) 213-0693</u>	<u>1 mi</u> Miles <u>East</u> of <u>Salt Lillo Ms.</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-25-15</u> Date drilling completed: <u>9-30-15</u> Hole depth: <u>380'</u> Hole diameter: <u>7 1/4"</u>
Location of the source of any surface water used for drilling: <u>Lake on property</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>75 PPM</u>
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>95</u> feet [above or below] land surface Date measured: <u>10-1-15</u> (circle one)
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>380'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix
Casing length: <u>350</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>350</u> feet to <u>380</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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

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OCT 29 2015

County: Lee

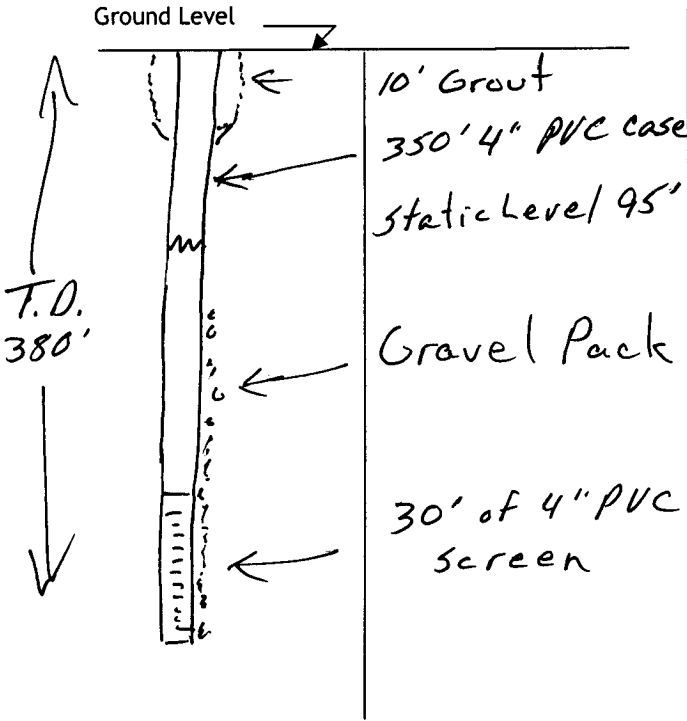
Permit #: _____

For Office Use Only:

Well #: E105

The sketch below only required for water wells

If well telescopes, show depths on sketch.



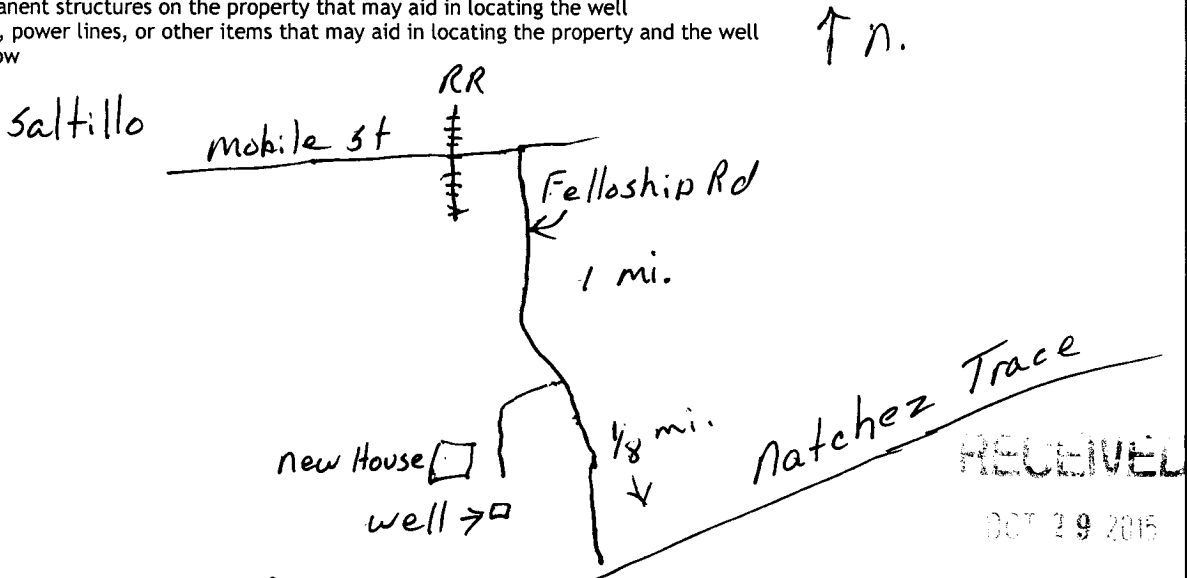
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Clay	Ground level	4
white sand	4	18
Blue Clay	18	32
white sand	32	58
Silty Grey sand	58	90
Grey Clay	90	105
Silt	105	117
Coffee sand	117	128
Black+Blue Clay	128	225
Eutaw sand	225	380

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: George De Vaughn

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
Print Name of Responsible Licensee and License No.

10-25-15
Date

Scott Holcomb
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 #: E105

Aquifer: _____

County: Lee

Permit #: _____

Driller: Scott Holcomb

Date completed: 9-30-15

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>George De Vaughn</u>	Latitude: <u>34°21'57</u> Longitude: <u>88°40'38</u>
Mailing Address: _____ <u>257 Fellowship Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo</u> <u>ms.</u> <u>38866</u>	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>21</u> T <u>8S</u> R <u>6E</u>
City State Zip Code	<u>1</u> mi Miles <u>East</u> of <u>Saltillo ms.</u>
Telephone No. <u>(602) 213-0693</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-1-15 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: 3/4 Setting Depth: 160 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 10-1-15 Duration of Pump Test (minimum 4 hours): 48 hours

Static Water Level (A): 95 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 UNR6593 10-25-15 Scott Holcomb
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer