

County: LeFlore
 Permit #: 16635
 Driller: Donald Smith Co.
 Date drilling completed: 2-10-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: MUX
 Well #: L319
 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>Greenwood Utilities</u>		Latitude: <u>33° 32' 30.75" N</u> Longitude: <u>90° 10' 24.15" W</u>	
Mailing Address: <u>P.O. Box 866</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Greenwood MS 38930</u> City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 03 Twn 19N Rng 01E</u>	
Telephone No. () <u>662-453-7234</u>		Distance Direction Nearest Town <u>0 Miles N of Greenwood</u>	

Confirmed
 R's
 location
 with
 operator
 &
 aerial
 photo
 www
 4/9/13

Well / Borehole Data

Date drilling started: 6-22-09 Date drilling completed: 10-10-09 Hole depth: 780 Hole diameter: 9 7/8" - 21"

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: N/A

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

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: 22 feet above or below (circle one) land surface Date measured: 9-9-09

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

Well depth: 730 Well grouted to a depth of 675 feet Type of grout (circle one) Neat Cement _____ Bentonite _____ Mix _____

Casing length: 675 feet Casing diameter: 16 inches Type of casing: Black Steel A53g6

Screen length: 50 feet Screen diameter: 10x12 inches Type of screen: Stainless wire wrap mini-pack

Screen slot size: .30 inches Setting depth: From 680 feet to 730 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: 620 feet. *If telescoped or more than one screen, describe on next page*

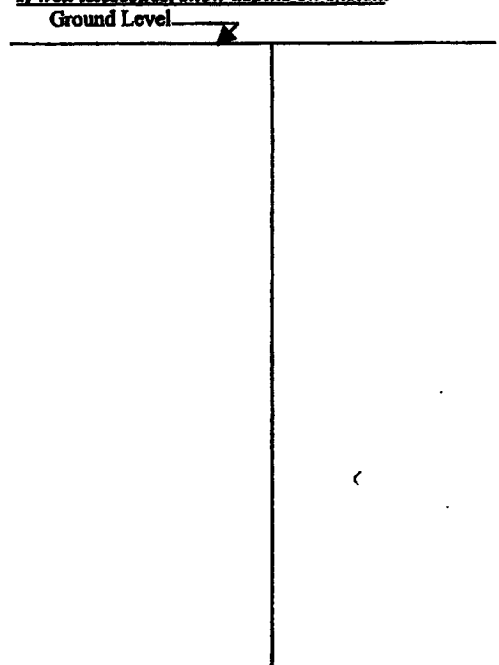
Form: OLWR-SWR-1A

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L319

The sketch below only required for water wells

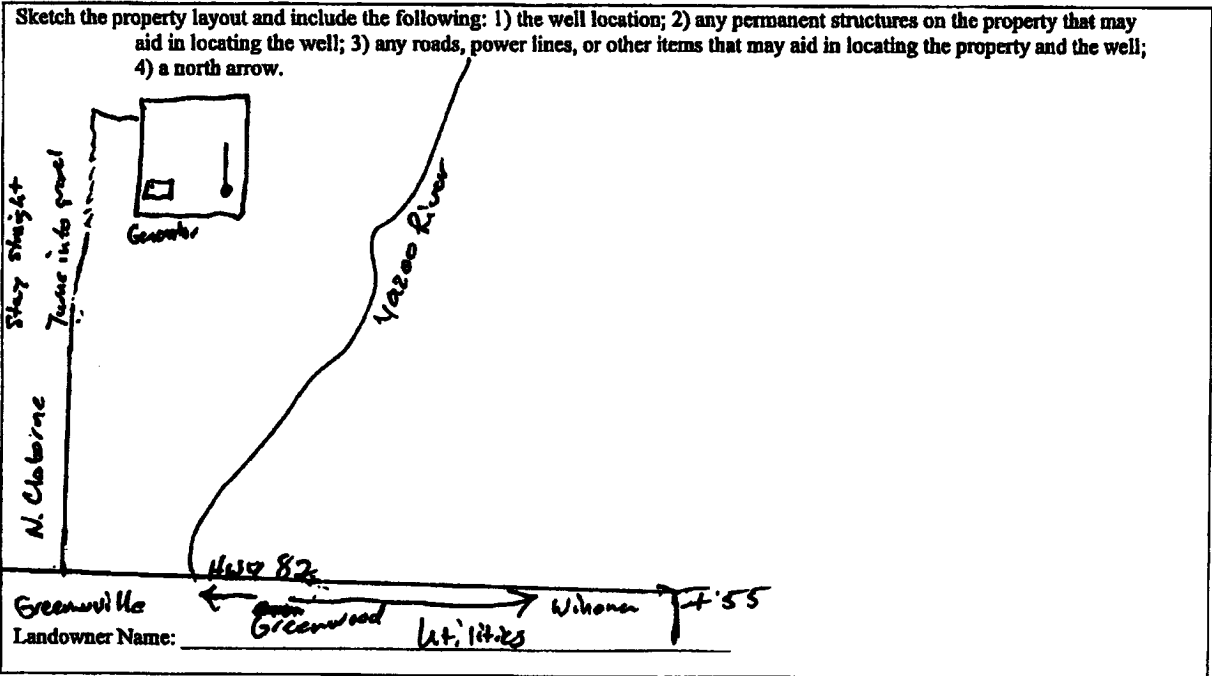
If well telescopes, show depths on sketch.



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)
	Ground Level	
Top soil gravel (pea) case off	0	110
Clay gray	110	160
Sand	160	200
Clay gray w/ shale	200	260
Sandy clay	260	370
Clay clay	370	425
Sandy with clay streak	425	620
Clay gray	620	675
Sand	675	740
Clay gray	740	752
Sandy w/ clay streaks	752	790

If more than one screen, show location of each on sketch



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.

Print Name of Responsible Licensee and License No. Ryan Herndon 0-700 Date 2-1-11 Signature of Licensee

Form: OLWR-SWR-1A

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Leflore
 Permit #: 16635
 Driller: Donald Smith Co.
 Date completed: 5-10-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: Muwy
 Well #: L 319
 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>Greenwood Utilities</u>	33 32 70.75 90 10 24.15 Latitude: <u>N 090 10 404</u> Longitude: <u>W 33 32 514</u>		
Mailing Address: <u>P.O. Box 866</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Greenwood MS 38930</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. () <u>662-453-7234</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____		
	Distance _____ Direction _____ Nearest Town _____		
	_____ Miles <u>N</u> of <u>Greenwood</u>		

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ <input checked="" type="radio"/> Turbine _____	<input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>3-10-2010</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>1073</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-11-2010</u>	Air Line _____ <input checked="" type="radio"/> Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>22</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>38</u> Feet Below Land Surface	Well yielded <u>1073</u> GPM with a drawdown of
Test Pumping Rate: <u>1073</u> Gallons Per Minute	<u>38</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ryan Herndon 0-700 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
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