

STATE WELL REPORT

Part I

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 #: B107
Aquifer:
E-Log #:

County: Lincoln
Permit #:
DRIVER: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 5-17-16

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)
Owner Name: Ricky Smith
Mailing Address: 2403 Hwy 550 NW Brookhaven MS 39601
Telephone No. (601) 754-0151
Well or Borehole Location
Latitude: 31° 38' 14.818" Longitude: 90° 35' 6.057"
Method of Lat/Long (check one): Conventional Survey
USGS quad Hand-held GPS Survey-grade GPS
NE 1/4 NE 1/4, Sec 27 T8N R6E
1 Miles NW of Loyd Star

Well / Borehole Data
Date drilling started: 5-17-16 Date drilling completed: 5-17-16 Hole depth: 132 Hole diameter: 7
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: Mudpit & gravel pack
Logs run (circle all applicable): No log run
Name of organization running log(s):
Purpose of borehole (circle one): Water Well
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 64 feet [above or below] land surface Date measured: 5-17-16
Method of measurement (circle one): Electric tape
Well depth: 128 Well grouted to a depth of: 10 feet Type of grout (circle one): Bentonite
Casing length: 118 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 118 feet to 128 feet
Type of completion (circle all applicable): Gravel packed
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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Form: DW-100 (Rev. 1/10)

JUN 07 2016

By OLWR

County: Lincoln

Permit #: _____

For Office Use Only:

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level: _____

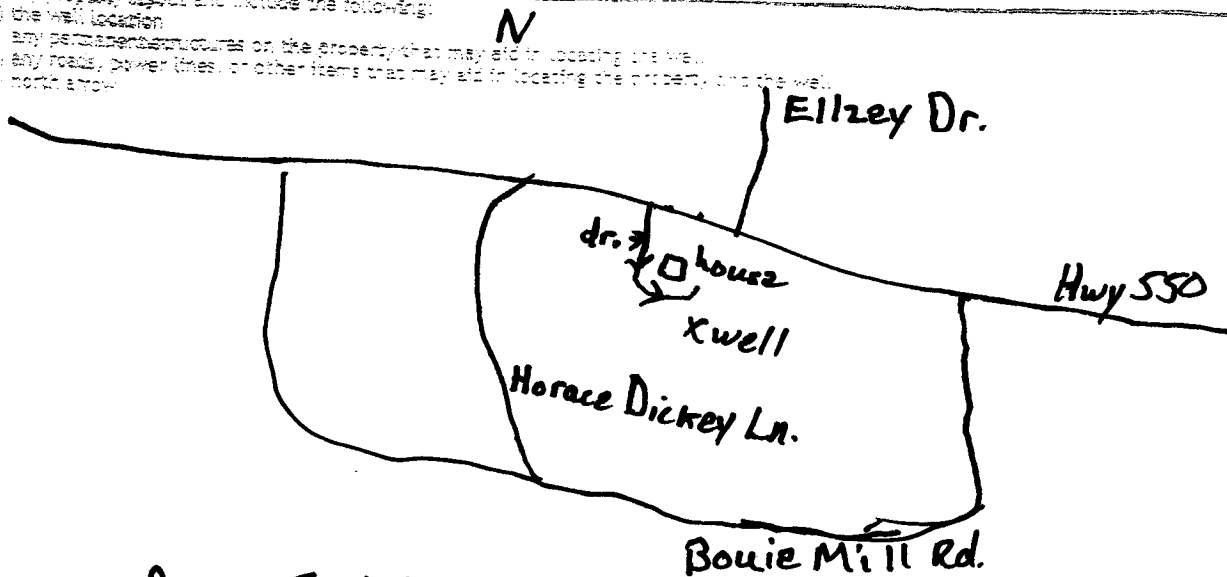
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
sand & gravel	Ground level	11
white clay	11	20
sand	20	48
sandstone	48	56
yellow clay	56	70
blue clay	70	96
sand	96	127
blue clay	127	132

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: Ricky Smith

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.

BRIAN D. MCCLENDON OR# 00000864 5-17-16
Print Name of Responsible Licensee and License No. Date

Brian McCleendon
Signature of Licensee

Form OLRW-SWB-1 (6/10)

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: Lincoln
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 5-18-16
 Copy information from block on Part 1

For Office Use Only:

Well #: B107
 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>Ricky Smith</u>	Latitude: <u>31°38'4.88"</u> Longitude: <u>90°35'6.057"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>2403 Hwy 550 NW</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Brookhaven, MS 39601</u>	<u>NE 1/4 NE 1/4, Sec 27 T. 8N R. 6E</u>
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>NW</u> of <u>Loud Star</u>
Telephone No. (601) <u>754-0151</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

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

Date Pump Installed: 5-18-16 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 Setting Depth: 95 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 5-18-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 64 Feet Below Land Surface Pumping Water Level (B): 72 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 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.

MICHAEL W. KEES UNR-00007737 5-18-16 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 JUN 07 2016
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