

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 #: C107
Aquifer:
E-Log #:

County: Lincoln
Permit #:
DRILLER: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 4-19-16

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: Bruce Gray
Mailing Address: 92 Oak Hill Dr NE
Brookhaven MS 39601
Telephone No. (601) 754-5592
Well or Borehole Location
Latitude: 31° 38' 44.027" Longitude: 90° 29' 13.9398"
Method of Lat/Long (check one): Conventional Survey
USGS quad Hand-held GPS Survey-grade GPS
SE 1/4 NW 1/4, Sec 22 T 8N R 7E
5 Miles NW of Brookhaven
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 4-19-16 Date drilling completed: 4-19-16 Hole depth: 235 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: mud pit to gravel pack
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: 133 feet (above or below land surface) Date measured: 4-19-16
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 230 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1010 inches Setting depth: From 220 feet to 230 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of tap pipe or reduction in casing: feet

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

Form: OLWR-SWR-1A (4/13)

Received

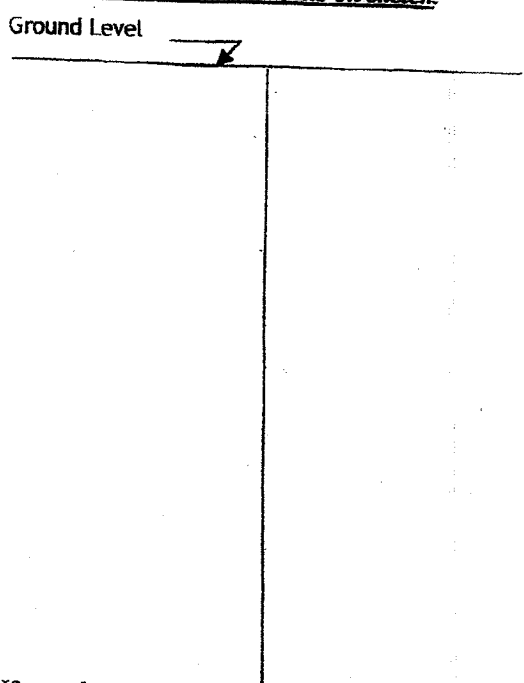
MAY 18 2016

By OLWR

County: Lincoln
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.



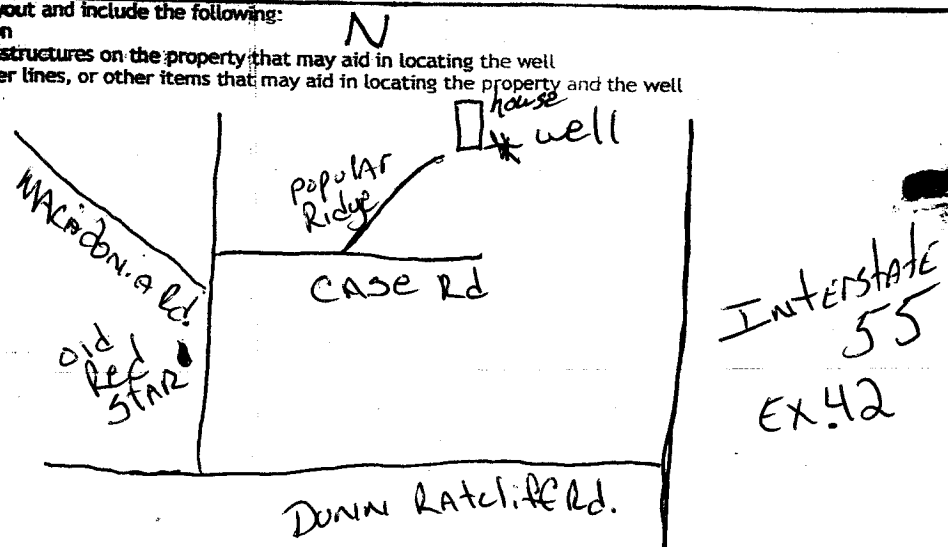
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	5
sand & gravel	5	35
yellow clay	35	45
blue clay	45	90
white clay	90	95
blue clay	95	220
sand w/ clay streaks	220	230
red clay	230	235

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: Bruce Gray

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 UNR-00000664
 Print Name of Responsible Licensee and License No.

4-19-16
 Date

Brian McCleendon
 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: Lincoln
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 4-20-16
 Copy information from block on Part 1

For Office Use Only:

Well #: 0107
 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>BRUCE GRAY</u>	Latitude: <u>31°38'44.023"</u> Longitude: <u>90°29'13.9308"</u>
Mailing Address: <u>92 Oak Hill Dr NE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Brookhaven</u> State: <u>MS</u> Zip Code: <u>39601</u>	<u>SE 1/4 NW 1/4, Sec 22 T 8N R 7E</u>
Telephone No. (local): <u>754-5592</u>	<u>5</u> Miles <u>NW</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-20-16 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: 160 feet Number of Stages: 1.5

Pump Test Data for Non Flowing Well

Date Well Tested: 4-20-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 133 Feet Below Land Surface Pumping Water Level (B): 138 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 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 4-20-16 Michael W. Kees MAY 18 2016
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received

BY OLWR