STATE WELL REPORT		
unty Lincoln Part 1	For Office Use Only:	
Driller's Log	Well #:	
GRENN WATER WELL &	Aquifer:	
P.O. Box 2309	E-Log #:	
te drilling completed: <u>2-2-15</u> (601)961-5210	L	
(601)360-0535 (fax)		
State Law requires that this report be prepared by the license holder responsible for	the work and filed with the or borehole.	
	ehole Location	
(Landowner if borehole is not for a water well)	ngitude: 90° 23.304	
Teremy Kordley	e): Conventional Survey,	
USGS guad Hand-held	GPS, Survey-grade GPS	
Brookhaven MS 39601 ATT 1/4 SE 14, Sec	27 T 21/ R 8E	
City State Zip Code <u>3 Miles</u>	of Brookhaven	
elephone No. (601) 669-43.39 (Distance) (Direction)	(Nearest Town)	
Well / Borehole Data		
ate drilling started: 2-9-15 Date drilling completed: 2-9-15 Hole depth: 21	2 Hole diameter: 7	
	•	
ocation of the source of any surface water used for drilling:	tax all part	
Method of dosing and volume of Chlorine used in drilling and development: Mudpiz	= ograver fues	
ogs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neut	ron 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 remained	ler 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)		
	red: 2-9-15	
Static Water Level:feet [above or below] land surface Date measu (circle one)		
Method of measurement (circle one): Steel tape Electric tape Air line Other (describ		
Well depth: 210 Well grouted to a depth of: 10 feet Type of grout (circle or		
Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type		
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type		
Screen slot size: <u>1010</u> inches Setting depth: From <u>200</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Open ho	Far the second	
Type of completion (circle all applicable): Gravel packed Underreamed Open ho Other (describe):		
Type of completion (circle all applicable): Gravel packed Underreamed Open ho		

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County: Lincoln			For Office U	se Only:
Permit #:			Well #:	
	equired for water wells	Description of formations en and boreholes, unless specific	countered must be prov cally exempted by regul	ided for all wells lations
If well telescopes, show	aepins on sketch.	Description of Formations Encou		
Ground Level		red clay	Intered From (depti Ground level	
		sand w/ clays	treams 2	5 75
		gravel	7:	5 96
		white clay	9	6112
		blue clay		2 176
		sand		6 212
		Sandrack	2	12
If more than one screen, sho	w location of each on sketch			
Sketch the property layout a 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	Ures on the property that may a	aid in locating the well n locating the property and the well	· \	34 Hury
Rc	ogers Ln.	trive tixive/ maur		ncoln Rd.
**				

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.

Bradley

Jeremy

Landowner Name:

BRIAN D. McCLENDON UNR-00000664 2-9-15 Bruen McClender Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

<u>></u>.

County:		STATE WEI	L REPORT	
Prump Installer's Completion Report Mississippi Department of Environmental Quelity wet #: 1/33 Mississippi Department of Environmental Quelity Wet #: 1/33 Date complete: P.O. Box 2009 Differe of Land and Water Resources P.O. Box 2009 Differe of Land and box port filed with the Department at the above address within 30 days of well completion. Well Content information Well Content information Owner Name: Der Code Missing Address: Diraction in Streege Hill LARKSUT Streege Diraction in Streege Diraction in Streege Diraction in Streege Diraction in Streege Diraction in Streege Hill LARKSUT Streege Diraction in Streege Diraction in Streege Diraction in Streege Diraction instate diraction and streege Diraction in Streege Diraction instate diraction	County: Linicolni			For Office Use Only:
Driller, GRENN WATER, WELL & Grifte of Land and Water Resources SUPPLY INC. 2.9L-LLQ P.O. Box 2009 Gow information from block on bart 1 (601) 360-0535 (fax) This part of the report must be completed by a Biconsed water well contractor or a Bicensed pump Installer. A copy of Part 1 of the report must be completed with the Department at the above address which 30 days of well completion. Well Owner Information Well Owner Information Owner Name: Second address of Bart 1 Uses and book part file with the Department at the above address which 30 days of well completion. Well Owner Information Well Owner Information Well Owner Information Owner Name: Second address of Bart 1 Uses quad. Hand-held GPS 2. Mailing Address: Method of Lat/Long (check one): Conventional Survey. III LAF K-QLST. St. Uses quad. Hand-held GPS 2. Born V MALER, WASS. Survey grade GPS 2. Survey grade GPS 2. Born V MALER, Wassen Marker Pump Type (circle one) Survey grade GPS 2. Survey grade GPS 2. Burn Distalled: D-2 (J-LLC Code Deverting Well Pump Type (circle one) Meter Survey grade GPS 2. Survey grade GPS 2. Burn Distalled: D-2 (J-LLC Researce Pump Capacity:	Descrit 6	Pump Installer's	Completion Report	
Gov Information from block on Part 1 (601)961-5210 This part of the report must be completed by a licensed water well contractor or a licensed pump installar. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Well Owner Information Well Owner Information Owner Name: Spectromy Brodeled by a licensed water well contractor or a licensed pump installar. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Mell Owner Information Well Owner Information Owner Name: Spectromy Brodeled by a licensed pump installar. A copy of Part 1 Lartude: 31/32, 7.92 Longitude: 9D-23, 3.04 Method of Lat/Long (check one): Conventional Survey. USS quad	GRENN WATER WELL &	Mississippi Department	of Environmental Quality	Well #:
Gov Information from block on Part 1 (601)961-5210 This part of the report must be completed by a licensed water well contractor or a licensed pump installar. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Well Owner Information Well Owner Information Owner Name: Spectromy Brodeled by a licensed water well contractor or a licensed pump installar. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Mell Owner Information Well Owner Information Owner Name: Spectromy Brodeled by a licensed pump installar. A copy of Part 1 Lartude: 31/32, 7.92 Longitude: 9D-23, 3.04 Method of Lat/Long (check one): Conventional Survey. USS quad	Driller: SUPPLY, INC.			
Gov information from block on Part 1 (601)361-5210 (601)360-0535 (fax) This part of the report must be completed by a licensed water well contractor or a licensed party installar. A copy of Part I of the report must be attached and both parts filed with the Department at the above address which 30 dogs of well completion. Well Owner Information Well Owner Information Owner Name: DEFC A. BICALEY Mailing Address: Lattude: 31°-32.7 U2 Longitude: 90° 23.3.04 Mailing Address: Lattude: 31°-32.7 U2 Longitude: 90° 23.3.04 Must Dark State Jap Code This part of the report must be attached and both parts filed with the Department at the above address which 30 dogs of well completion. Mailing Address: Lattude: 31°-32.7 U2 Longitude: 90° 23.3.04 State State State State State State State State State Sta	Date completed:2-24-110			Aquifer:
This part of the report must be completed by a licensed water well contractor or a licensed pump installar. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Well Owner Information Owner Name: If the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Well Owner Information Well Concertion Owner Name: If the report must be attached and both parts filed with the Department at the above address which 30 days of well completion. Mailing Address: Well Concertion Well Owner Information Well Concertion Mailing Address: Well Owner State Well Owner Information Mailes State This Survey grade GPS Nump (check one): City State State Zip Code This bump (check one): (Nearest Town) Pump Type (check one): (Nearest Town) State Zip Code State Zip Code This bump (check one): (Nearest Town) Power Type (check one): (Decretion) State Signature (Bestified Well Into Check (Bestified): Date Pump Installed: -2 U-1/a	Copy information from block on Part 1	(601)	961-5210 ·	
of the report numb be attached and both parts field with the Department in the Juvie automation Well Location Well Owner Information Well Owner Information Well Department in the Juvie automation Owner Name: DEPCORY BECALEY Latitude: 31°32.742 Lorigitude: DP 23.304 Mailing Address: Method of Lat/Long (check one): Conventional Survey. IV LACKSDUT St. USS quad. Handheld GPS & Survey-grade GPS City State Zip Code				
of the report numb be attached and both parts field with the Department in the Juvie automation Well Location Well Owner Information Well Owner Information Well Department in the Juvie automation Owner Name: DEPCORY BECALEY Latitude: 31°32.742 Lorigitude: DP 23.304 Mailing Address: Method of Lat/Long (check one): Conventional Survey. IV LACKSDUT St. USS quad. Handheld GPS & Survey-grade GPS City State Zip Code	This part of the report must be completed	l by a licensed water we	ll contractor or a licensed pu	mp installer. A copy of Part 1
Well Owner Information Well Owner Information Owner Name:	of the report must be attached and both ;	varis filed with the Depa	rement at the above data cas	FUMAL Je ways of a ter ter
Mailing Address:	Well Owner Information	n	· Weit i	Location
Mailling Address: Method of Lat/Long (creck are): Outwentoward and symptome of the symptome symptome of the symptome of the symptome of the symp	Owner Name: JErEny Br			
Bring have no MS State Zip Code Xiu Y Set X, Set Cit 1 Int k Ale City State Zip Code Xiu Y Set X, Set Cit 1 Int k Ale Telephone No. (GOI) Cola 9 - 433 9 Iteretion Of Encode Kiu Xu Ale Pump Type (circle one) Submessible Date Pump Installed:	Malling Address	1 М		
Bring have no MS State Zip Code Xiu Y Set X, Set Cit 1 Int k Ale City State Zip Code Xiu Y Set X, Set Cit 1 Int k Ale Telephone No. (GOI) Cola 9 - 433 9 Iteretion Of Encode Kiu Xu Ale Pump Type (circle one) Submessible Date Pump Installed:	111 LAFKSNOT St.	U	GS guad, Hand-held (GPS_X_, Survey-grade GPS
City State Zip Code Zip Code Zip Code Zip Code Collistance) Of The Code (LA Vex) Pump Type (circle one) Submessible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): [One Pump Installed: Q - 24-16 Reted Pump Capacity: 10 Gallons Per Minute Is This Pump (circle one): Power Type (circle one) Electric: Disset Gasoline Natural Gas Tractor PTO Windmill Other (describe): — Pump Test Data for Non Flowing Well Date Well Tested: Q : 24-1(c Duration of Pump Test (minimum 4 hours): Pump Test Data for Non Flowing Well Date Well Tested: Q : 24-1(c Duration of Pump Test (minimum 4 hours): Q = Pump Test Data for Non Flowing Well Date Water Level (A): 90 Feet Below Land Surface Pump Test Data for Flowing Well Meter Manufacturer: Method measurement (circle one): Steel tap: Electric tap: Air line Other (describe): Pump Test Data fo	D 1/1 HA/	DOLOI	ALLA I SE 16 Sec	DT T TNI R SE
Telephone No. (1001) Colan - 4334 (Distance) (Distance) (Distance) (Neurest Town) Pump Type (Circle one)	City State	Zip Code		- 7 - Win 2
Pump Type (circle one) Submensible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):		220 -	S_Miles	(Nearest Town)
Submensible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	lelephone No. (10U1) 1010 1-4			
Date Pump Installed:Gailons Per Minute Image: Gailons Per Minute Is This Pump (circle one): Repaired Replacement Power Type (circle one): Power Type (circle one): Electric: Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):		Pump Type	(circle one)	
Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Submersible Turbine Air Lift Centrif	ugal Flowing Well Je	t Piston Rotary Other (d	escribe):
Power Type (clrcle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			ed Pump Capacity:/	O Gallons Per Minute
Power Type (clrcle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Is This Pump (circle one): New Rep	baired Replacement		
Horse Power Rating of Motor: 3/4 Setting Depth: 120 feet Number of Stages: 122 Pump Test Data for Non Flowing Weil Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 96 Feet Below Land Surface Drawdown [(B) - (A)]:		Power Type	(circle one)	
Horse Power Rating of Motor: 3/4 Setting Depth: 120 feet Number of Stages: 122 Pump Test Data for Non Flowing Weil Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 96 Feet Below Land Surface Drawdown [(B) - (A)]:	Electric Diesel Gasoline Natural Gas	Tractor PTO Windm	ill Other (describe):	
Pump Test Data for Non Flowing Weil Date Weil Tested: 2:24-16 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 96 Feet Below Land Surface Drawdown [(B) - (A)]:	Name Province of Masters 3/4	Setting Denth	120 feet Number	er of Stages:
Date Well Tested: 2.24-16 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 16 Feet Below Land Surface Drawdown [(B) - (A)]:	noise rowel racing of motor.			
Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 90 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		Pump Test Data for	Non Flowing Well	. Ц. I
Drawdown [(B) - (A)]:	Date Well Tested: 2-24-16		Duration of Pump Test (mini	mum 4 hours): hours
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 offeet afterhours of pumping Meter Manufacturer: Meter Installation Meter Model Number / Name:	Static Water Level (A): Fee	t Below Land Surface		
Pump Test Data for Flowing Well Measured shut in head: feet. Well yielded GPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:	Drawdown [(B) - (A)]:	Feet Below Land Surfac	e Test Pumping Rate:	<u> </u>
Pump Test Data for Flowing Well Measured shut in head: feet. Well yielded GPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:	Method of measurement (circle one): S	teel tape Electric tap	Air line Other (describe)	· · · · · · · · · · · · · · · · · · ·
Well yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer: Meter Model Number / Name: Type of Meter: Meter Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:		Pumo Test Data	for Flowing Well	
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Meter Installation Meter Manufacturer:				
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Meter Model Number/Name:		Meter In:	stallation	
Meter Model Number/Name:	Meter Manufacturer	· · · · ·	Meter Serial Number:	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:				
Installation Date:	Meter Model Number/Name:	<u></u>	i ype of meter	
Installation Date:	Totalizer Register Unit and Multiplier	Factor (AF x .001, gal x	1000, etc):	· · · · · · · · · · · · · · · · · · ·
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 RPO-00000801 Print Name of Pump Installer and License No. (if applicable) QQ4-16 Signature of Pump Installer And License No. (if applicable)	Installation Date:	Moter installed by:		
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. Important: By submitting the above statements are true to the best of my knowledge. MICHAEL W. KEES RPO-00000801 224-16 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer AP C C Eorm: OLWR-SWR-1B (4/1)				
For agricultural wells, a list of approved meters is on the HDDQ metable. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. MICHAEL W. KEES RPO-00000801 Print Name of Pump Installer and License No. (if applicable) 2-24-16 Date Signature of Pump Installer AR 0.72 Form: OLWR-SWR-1B (4/1)				
MICHAEL W. KEES RPO-00000801 2-24-16 Minimum Installer AR 0 72 Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer AR 0 72 Form: OLWR-SWR-1B (4/1	Important: By submitting the above i For agricult	nformation you are cert ural wells, a list of appr	tifying that this meter was insoved meters is on the MDEQ	stalled to manufacturer standards. website.
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer AR Concerning Co	I HEREBY CERTIFY that the above state	ements are true to the	best of my knowledge. /	
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer AR Concerning Co			2.20111 1	
Find halfe of Pullip instance and Election (i) (pp-14-14)	MICHAEL W. KEES RPO-000	100801	$\frac{XXY-16}{Date} = \frac{V/w}{Sig}$	nature of Pump InstallerAR 0 7 2
	Print Name of Pump Installer and Lice	ibe no. (i) applicable)	vate vig	Form: OLWR-SWR-1B (4/1

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