

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: K 179
Aquifer: _____
E-Log #: _____

County: Lincoln

Permit #: _____

Driller: Greenwater Well

Date drilling completed: 10-25-17

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 <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|--|---|
| Owner Name: <u>James Keen</u> | Latitude: <u>31°47'09"</u> Longitude: <u>90°56'11"</u> <u>31-28-15</u> <u>90-33-40</u> |
| Mailing Address: _____ <u>1335 Gum Grove Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Handheld GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>Breakhaven</u> MS <u>39601</u> | NW <input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> Sec <u>24</u> T. <u>4N</u> R. <u>6E</u> |
| City State Zip Code | <u>8</u> Miles <u>SW</u> of <u>Breakhaven</u> (Distance) (Direction) (Nearest Town) |
| Telephone No. <u>(601) 833-4991</u> | |

| Well / Borehole Data |
|---|
| Date drilling started: <u>10-25-17</u> Date drilling completed: <u>10-25-17</u> Hole depth: <u>45</u> Hole diameter: <u>7</u> |
| Location of the source of any surface water used for drilling: _____ |
| Method of dosing and volume of Chlorine used in drilling and development: <u>Mud pit & Gravel Pack</u> |
| Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ |
| Name of organization running log(s): _____ |
| Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____ |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> |

| |
|--|
| Purpose of Well (check all applicable) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture |
| Other (describe): _____ |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ |
| Static Water Level: <u>22</u> feet <input checked="" type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>10-25-17</u> (check one) |
| Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ |
| Well depth: <u>42</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix |
| Casing length: <u>32</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> |
| Screen length: <u>10</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>32</u> feet to <u>42</u> feet |
| Type of completion (check all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development |
| Other (describe): _____ |
| Top of lap pipe or reduction in casing: _____ feet |
| <i>If telescoped or more than one screen, describe on next page</i> |

County: Lincoln

Permit #: _____

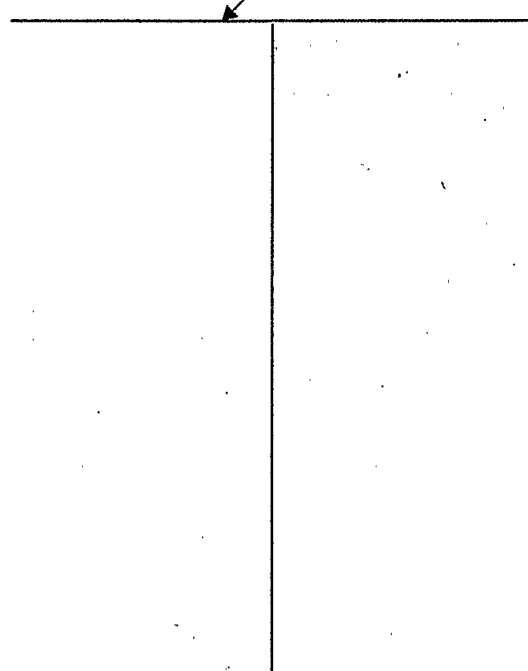
For Office Use Only:

Well #: K179

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



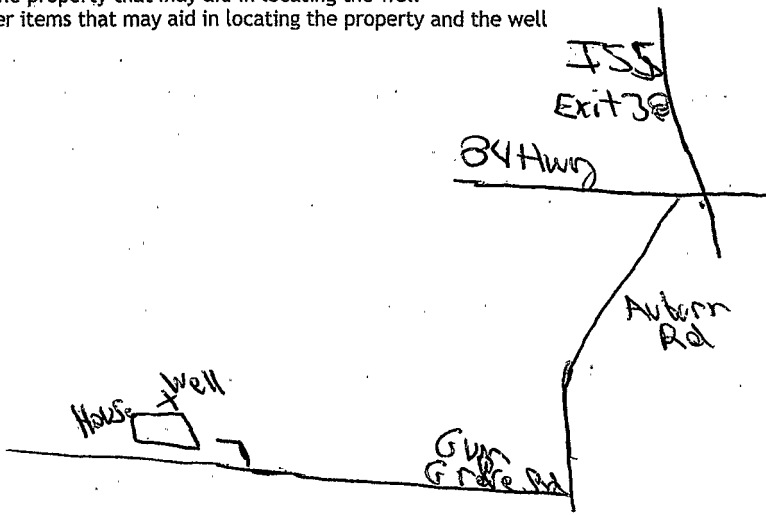
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Red Clay Sand | 0 5 | 5 42 |
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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: James Kern

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.

Jacob Lea 8325 10-25-17
 Print Name of Responsible Licensee and License No. Date

Jacob Lea
 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 #: K179
Aquifer: _____

County: Lincoln
Permit #: _____
Driller: Grenn Waterwell
Date completed: 10-25-11
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>James Keen</u> | | <u>31-28-15</u> | <u>90-33-40</u> |
| Mailing Address: _____ <u>1334 Gum Grove Rd</u> | | Latitude: <u>31°47'09"</u> | Longitude: <u>90°56'11"</u> |
| <u>Brookhaven</u> <u>MS</u> <u>39601</u> | | Method of Lat/Long (check one): Conventional Survey _____ | |
| City State Zip Code | | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ | |
| Telephone No. (601) <u>833-4991</u> | | <u>NW</u> <u>SW</u> <u>SE</u> <u>NE</u> Sec <u>25</u> T <u>6N</u> R <u>6E</u> | |
| | | <u>3</u> Miles <u>SW</u> of <u>Brookhaven</u> | |
| | | (Distance) (Direction) (Nearest Town) | |

| Pump Type (check one) | |
|--|--|
| Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____ | |
| Date Pump Installed: <u>10-25-11</u> | Rated Pump Capacity: <u>10</u> Gallons Per Minute |
| Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | |
| Power Type (check one) | |
| Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____ | |
| Horse Power Rating of Motor: <u>1/2</u> | Setting Depth: <u>40</u> feet Number of Stages: <u>9</u> |

| Pump Test Data for Non Flowing Well | |
|--|--|
| Date Well Tested: <u>10-25</u> | Duration of Pump Test (minimum 4 hours): <u>4</u> hours |
| Static Water Level (A): <u>22</u> Feet Below Land Surface | Pumping Water Level (B): <u>30</u> Feet Below Land Surface |
| Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface | Test Pumping Rate: <u>10</u> Gallons Per Minute |
| Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | |
| <i>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> | |

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

| | | |
|--|-----------------|-----------------------------|
| <u>Jacob Lea 8325</u> | <u>10-25-11</u> | <u>Jacob Lea</u> |
| Print Name of Pump Installer and License No. (if applicable) | Date | Signature of Pump Installer |