

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 #: 0125
Aquifer:
E-Log #:

County: Lincoln
Permit #:
Greenn Water Well & Supply, Inc.
Date drilling completed: 3-18-15

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: Jacob Young
Mailing Address: 3089 Jackson Liberty Dr Smithdale
Telephone No. (601) 754-5049
Well or Borehole Location 31 23 13
Latitude: 31° 23.227 Longitude: 90° 35.746
Method of Lat/Long (check one): Conventional Survey
USGS quad NW 1/4 NW 1/4, Sec 22 T 5N R 6E
9 Miles SEW of Bogu Chitto

Well / Borehole Data
Date drilling started: 3-18-15 Date drilling completed: 3-18-15 Hole depth: 8.5 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: gravel pack + mud pit.
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: 29 feet (above or below land surface) Date measured: 3-18-15
Method of measurement (circle one): Electric tape
Well depth: 82 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 62 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 62 feet to 82 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

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

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BY OLIVIA

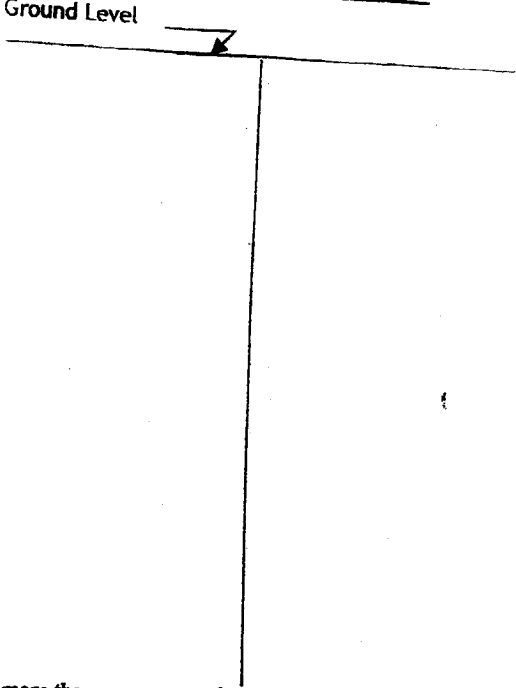
County: Lincoln
 Permit #: _____

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

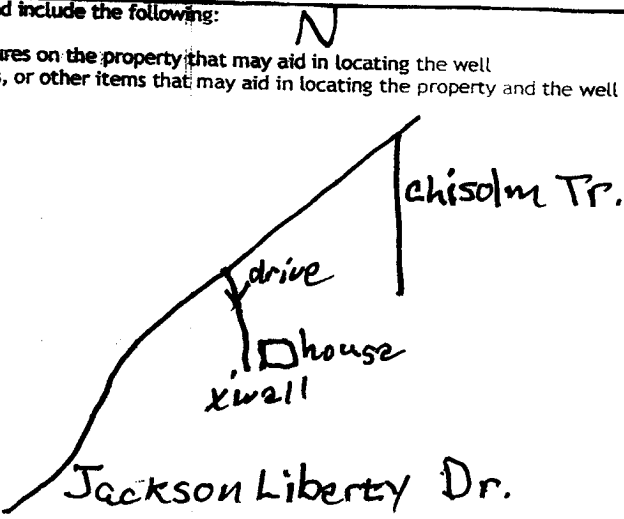


Description of Formations Encountered	From (depth) Ground level	To (depth)
Red clay		20
Sand	20	48
Sand & gravel	48	73
White clay	73	76
Sand & gravel	76	82
White clay	82	85

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: Jacob Young

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.

3-18-15
 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: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 3-19-15
Copy information from block on Part 1

For Office Use Only:

Well #: 0125
 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>Jacob Young</u>	Latitude: <u>31°23.227</u> Longitude: <u>90°35.746</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>3089 Jackson Liberty Dr.</u>	<u>NW^{SW} 1/4 NW 1/4, Sec 22 T.5N R.6E</u>
<u>Smith Dale, Ms.</u>	<u>9</u> Miles <u>SW</u> of <u>BogueChitto</u>
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 254-5049</u>	

Pump Type (circle one)

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

Date Pump Installed: 3-19-15 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: 1/2 Setting Depth: 54 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 3-19-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 29 Feet Below Land Surface Pumping Water Level (B): 33 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 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

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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 3-19-15 Michael Kees
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer