

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 #: C16C
Aquifer: _____
E-Log #: _____

County: Lauderdale
Permit #: _____
Driller: Clardy Drilling
Date drilling completed: 5/31/16

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.

<p>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Pen Hildie</u> Mailing Address: <u>730 Oak St.</u> <u>Columbus, MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 33' 29" N</u> Longitude: <u>88° 27' 30" W</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad: <u>5E 1/4 SE 1/4, Sec 19 T 175 R 156</u> <u>1 1/2</u> Miles <u>W</u> of <u>Columbus</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 5/30/16 Date drilling completed: 5/31/16 Hole depth: 141 Hole diameter: 4

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular

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: 6 feet [above or below] land surface (circle one) Date measured: 5/31/16

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 141 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From 101 feet to 141 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): Telescope

Top of lap pipe or reduction in casing: 5 feet

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

Received

JUL 01 2016
Form: OLWR-SWR-1A (4/13)

By OLWR

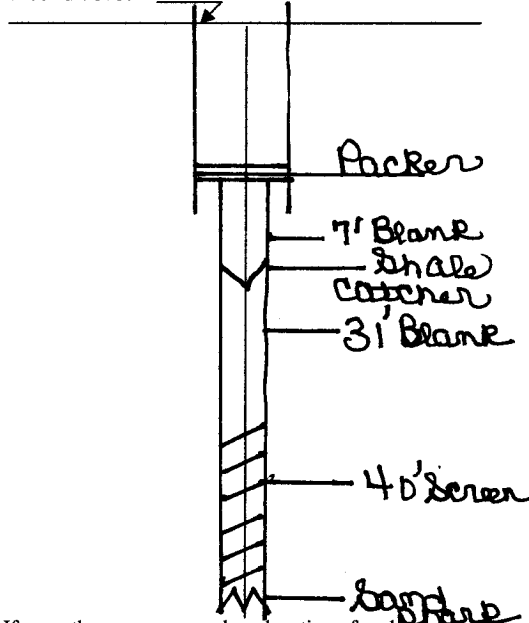
County: Lauderdale
 Permit #: _____

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

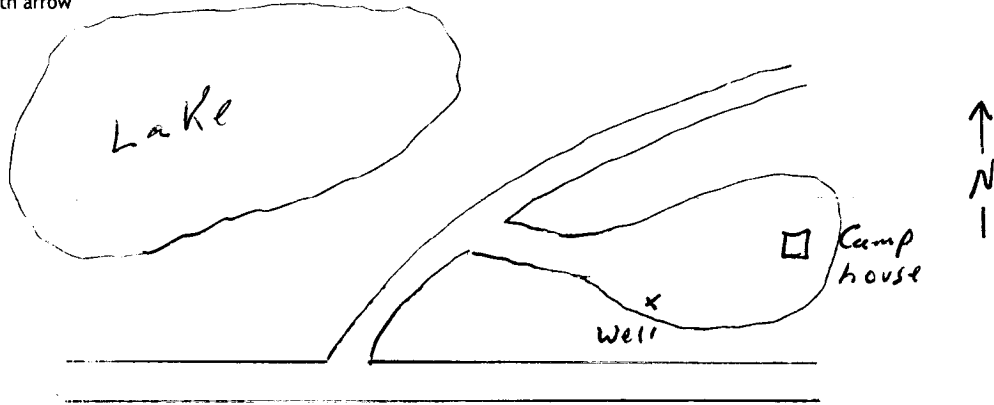
Ground Level



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth) Ground level	To (depth)
Red sandy clay	6	29
Sand & gravel	29	58
Blue clay	58	62
Sandy clay	62	64
Rocky clay	64	70
Rocky clay	70	83
Sand & gravel	83	84
Clay	84	106
Sandy clay	106	122
Thin sand	122	139
Clay	139	141

- 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: _____

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.

UNR
Donald B. Clardy 00000496 6/29/16 [Signature]
 Print Name of Responsible Licensee and License No. Date 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: Snowden
 Permit #: _____
 Driller: Clardy
 Date completed: 6/29/16
Copy information from block on Part 1

For Office Use Only:

Well #: C160
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Greg Liggio</u> Mailing Address: <u>730 Ala. St.</u> <u>Columbus, MS 39702</u> City State Zip Code Telephone No. <u>662</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>33° 33.899</u> Longitude: <u>88° 27.350</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec _____ T _____ R _____ <u>1 1/2</u> Miles <u>W</u> of <u>Columbus</u> (Distance) (Direction) (Nearest Town)</p>
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Pump Type (circle one)

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

Date Pump Installed: 6/11/16 Rated Pump Capacity: 15 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: 40 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 6 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: Received

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ JUL 01 2016

Installation Date: _____ Meter installed by: _____ By OLWR

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.

Donald B. Clardy LNR00000496 6/29/16 Don Clardy
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer