

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 #: G 242
Aquifer:
E-Log #:

County: Leflore
Permit #:
Driller: Clardy Drilling
Date drilling completed: 3/30/16

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: Smith Landscaping
Mailing Address: 625 18th Ave. N.
Columbus, MS 39701
Telephone No. 662 327-6664
Well or Borehole Location
Latitude: 33° 30' 28" N Longitude: 88° 25' 46" W
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4, Sec 9 T. 15S R. 18W
Inside city limits of Columbus
Distance Direction Nearest Town

Well / Borehole Data
Date drilling started: 3/29/16 Date drilling completed: 3/30/16 Hole depth: 210 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: 11 feet (above or below land surface) Date measured: 3/30/16
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 210 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 96 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 170 feet to 210 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

APR 11 2016

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

By OLWR

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: Lauderdale
 Permit #: _____
 Driller: Clardy, Diller
 Date completed: 4/16/16
Copy information from block on Part 1

For Office Use Only:

Well #: G-242
 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>Smith Landscaping</u>	Latitude: <u>33° 30.882</u> Longitude: <u>88° 25.467</u>
Mailing Address: <u>625 18th Ave N</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS 39701</u>	1/4, Sec _____, T _____, R _____
City _____ State _____ Zip Code _____	<u>Inside city limits of Columbus</u>
Telephone No. <u>(602) 327-6664</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

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

Date Pump Installed: 4/1/16 Rated Pump Capacity: 25 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 1/2 Setting Depth: 80 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 4/1/16 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 11 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: _____

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.

Donald B. Clardy 0000496 4/7/16 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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APR 1 2016

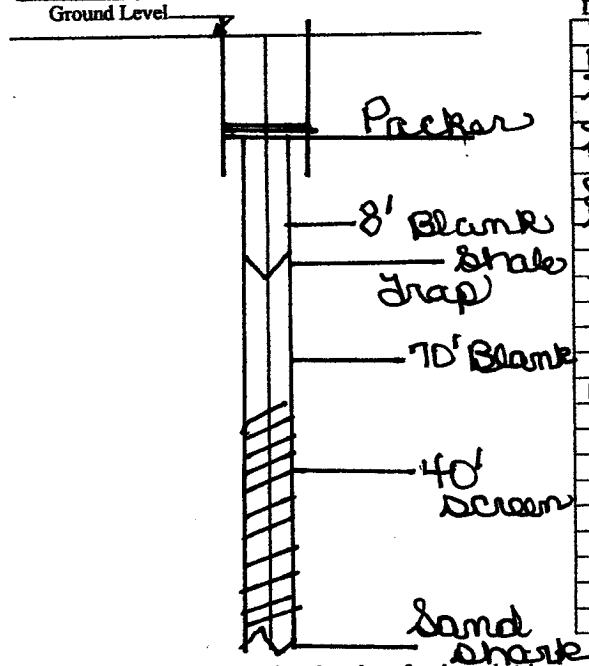
By OLWR

G242

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Red clay	Ground Level	10
Blue clay	10	22
Sand shale	22	32
Blue clay	32	42
Sandy clay	42	49
Clay	49	50
Sandy clay	50	62
Clay	62	81 1/2
Sandy clay	81 1/2	89
Clay	89	99
Rocky lime sand	99	102
Sandy clay	102	119
Clay	119	127
Rock	127	137
Rocky sand st. clay	137	182
	182	205 1/2
	205 1/2	210

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) a north arrow.

Landowner Name: Smith Landscaping

Form: OLWR-SWR-1A (04/08)

I 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.

Donald B. Clardy 00000496 4/7/16 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 APR 11 2016
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