

County: Leflore
 Permit #: _____
 Driller: Clardy
 Date drilling completed: 8/3-5/15

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: H 6 2
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Russell Street</u> Mailing Address: <u>1211 New Hope Rd.</u> <u>Columbus, MS 39702</u> City State Zip Code Telephone No. <u>(662) 574-2232</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>N 33° 28' 31" 21</u> Longitude: <u>W 88° 19' 35" 21</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec. 28 Twn 18 S Rng 17 W</u> Distance Direction Nearest Town <u>2.4</u> Miles <u>East</u> of <u>Columbus</u></p>
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Well / Borehole Data

Date drilling started: 8/3/15 Date drilling completed: 8/5/15 Hole depth: 305' 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 (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 8/6/15

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 305 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 204 ²⁶⁵ feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting depth: From 265 feet to 305 feet

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

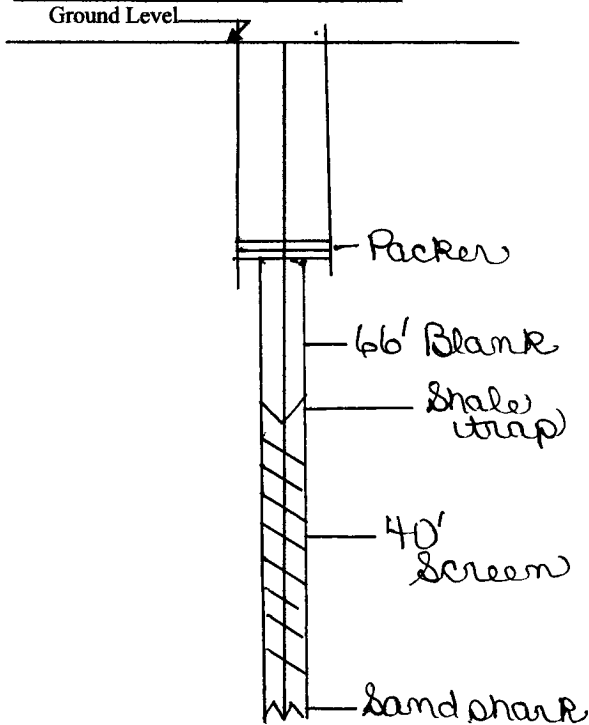
Top of lap pipe or reduction in casing: 5 feet. *If telescoped or more than one screen, describe on next page*

Form: OLW-100 (Rev. 12/10/14)
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 BY: OLW

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

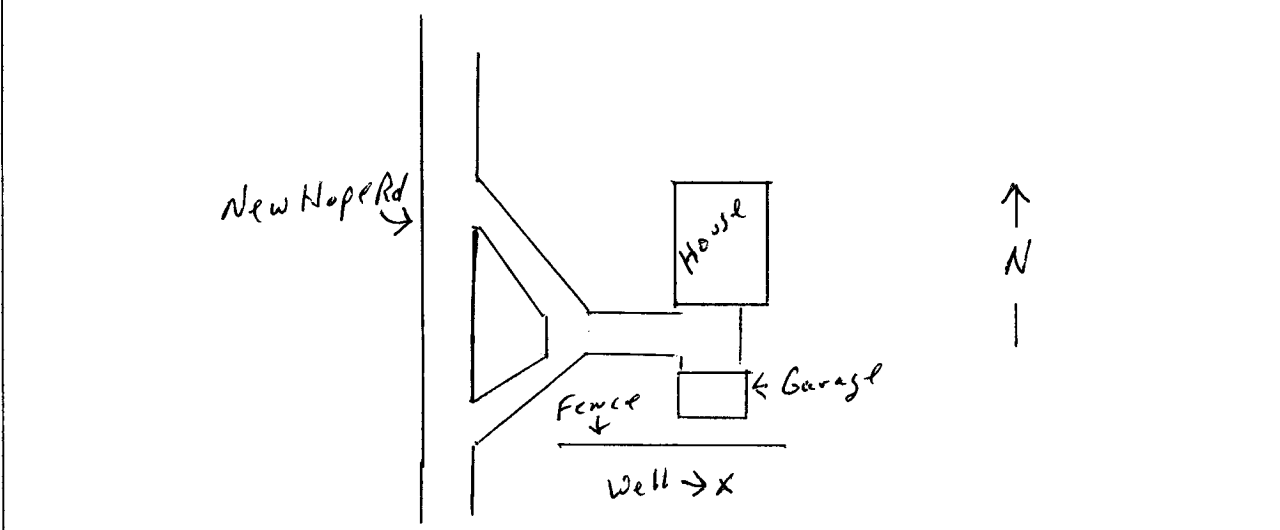
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Red Clay + gravel	Ground Level	22
Blue clay	22	192
Sand	192	193
Brown clay	193	201 1/2
Blue clay	201 1/2	203
Clay	203	208 1/2
Rock	208 1/2	
Clay	208 1/2	273
Sand streak	273	279
Clay	279	292
Sand	292	296
Clay	296	300
Sand	300	304
Clay	304	305

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: Russell Street

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 Clardy 0-496 8/7/15

Donald Clardy
Signature of Licensee

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AUG 17 2015

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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)

For Office Use Only:

Well #: _____

Aquifer: _____

County: <u>Howards</u>
Permit #: _____
Driller: <u>Clardy Drill</u>
Date completed: <u>8/6/15</u>
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>Russell Street</u>	Latitude: <u>N 33° 28.519</u> Longitude: <u>W 088° 19.351</u>
Mailing Address: <u>211 New Hope Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>C</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS</u> <u>39102</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City State Zip Code	<u>2 1/4</u> Miles <u>East</u> of <u>Columbus</u>
Telephone No. <u>662 574-2232</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>8/6/15</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement

Power Type (circle one)
<input checked="" type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>160</u> feet Number of Stages: <u>12</u>

Pump Test Data for Non Flowing Well
Date Well Tested: <u>8/6/15</u> Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>115</u> Feet <input checked="" type="radio"/> 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): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> 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.		
<u>Donald Clardy</u> <u>D-496</u> <u>8/17/15</u>	<u>Don Clardy</u>	<u>AUG 29 2015</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer