

STATE WELL REPORT

County: MADISON
 Permit #: _____
 Driller: THOMAS DRILLING
 Date drilling completed: 11/2/17

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 #: E40
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>O. J. LEWIS</u> Mailing Address: <u>209 MAPLE POINT COURT</u> <hr/> <u>ST CHARLES</u> <u>MO</u> <u>63304</u> City State Zip Code Telephone No. (<u>636</u>) <u>866-7982</u>			Well or Borehole Location Latitude: <u>32°40'15.14"N</u> Longitude: <u>90°6'54.84"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>32</u> <input checked="" type="checkbox"/> T <u>10N</u> <input checked="" type="checkbox"/> R <u>2E</u> <input checked="" type="checkbox"/> <hr/> <u>6</u> Miles <u>NW</u> of <u>CANTON</u> (Distance) (Direction) (Nearest Town)		
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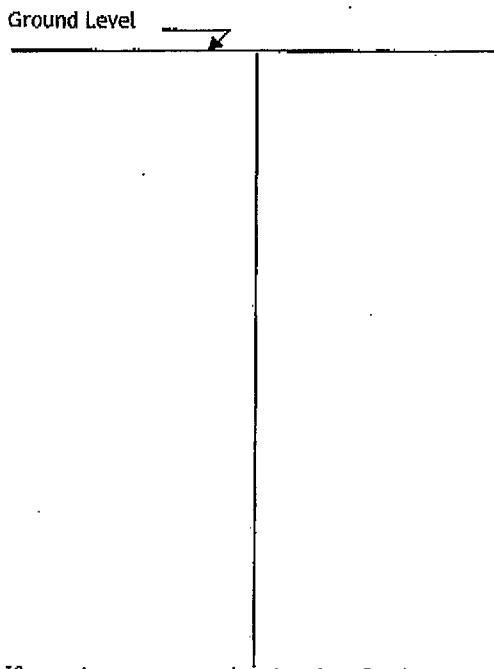
Well / Borehole Data
 Date drilling started: 11/2/17 Date drilling completed: 11/2/17 Hole depth: 35' Hole diameter: 4"
 Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 1lbs IN TENDER AND WASH
 Logs run (check all applicable): 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 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: 17 feet above or below land surface Date measured: 11/2/17
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 35 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 25 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 25 feet to 35 feet
 Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: _____ feet
If telescoped or more than one screen, describe on next page

County: MADISON
 Permit #: _____

For Office Use Only:
 Well #: FAC

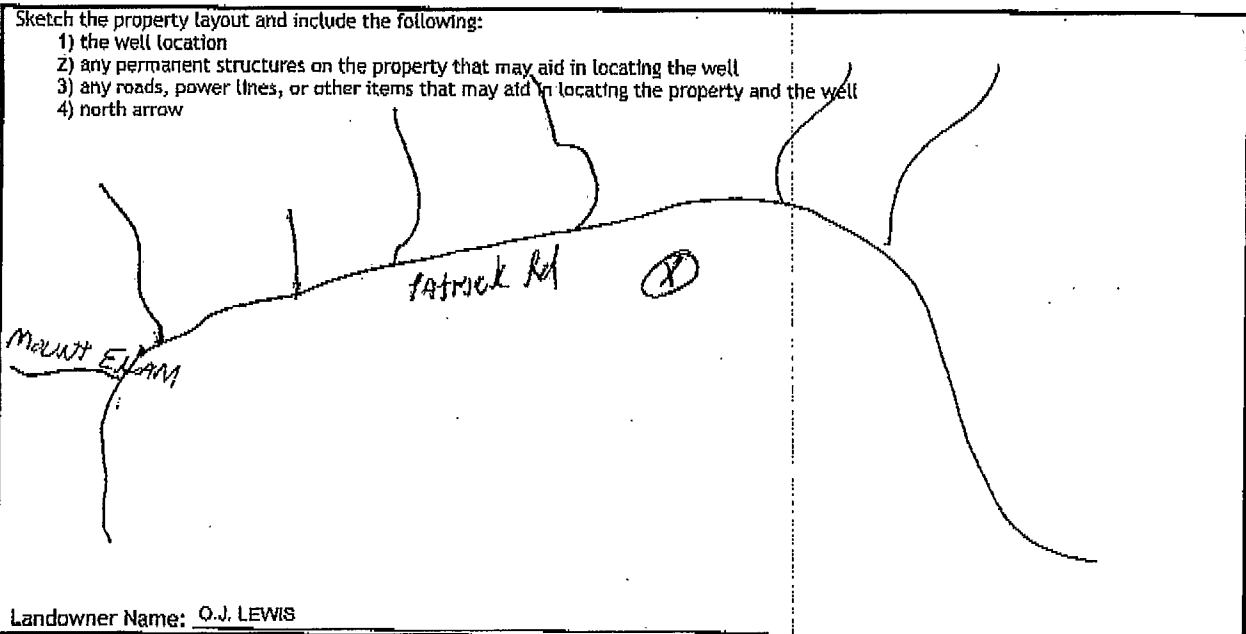
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
MIXED GUMBO	0	6
LIGHT GRAY CLAY	6	14
MIXED TAN CLAY	14	17
LIGHT GRAY CLAY	17	21
WHITE SAND	21	35

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



Landowner Name: O.J. LEWIS

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.

DAVID S THOMAS 0-147 11/2/17
 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: MADISON
 Permit #: _____
 Driller: THOMAS DRILLING
 Date completed: 11/2/17
Copy information from block on Part 1

For Office Use Only:
 Well #: F40
 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>O.J. LEWIS</u>			Latitude: <u>32°40'15.14"N</u>	Longitude: <u>90°6'54.84"W</u>
Mailing Address: <u>209 MAPLE POINT COURT</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>ST CHARLES</u>	<u>MO</u>	<u>63304</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City	State	Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>32</u>	T <u>10N</u> R <u>2E</u>
Telephone No. (<u>636</u>) <u>866-7982</u>			<u>6</u> Miles <u>NW</u> of <u>CANTON</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
 submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11/2/17 Rated Pump Capacity: 10 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1/2 Setting Depth: 33 feet Number of Stages: 7

Pump Test Data for Non Flowing Well
 Date Well Tested: 11/2/17 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 17 Feet Below Land Surface Pumping Water Level (B): 23 Feet Below Land Surface
 Drawdown [(B) - (A)]: 6 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
 Method of measurement (check 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 (check 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.
DAVID S THOMAS 0-147 11/2/17
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer