

STATE WELL REPORT

370

County: Madison
 Permit #: MS-GW-17296 ✓
 Driller: John W Thompson
 Date drilling completed: 11-18-16

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 #: ✓ 98
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Cypress Lake Prop. Owners Assoc.</u>	Latitude: <u>32° 28' 3.2"</u> Longitude: <u>90° 9' 46.2"</u>
Mailing Address: <u>P.O. Box 14001</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Jackson MS 39236</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>11</u> T <u>7N</u> R <u>1E</u> ✓
Telephone No. <u>(601) 957-3001</u>	<u>2</u> Miles <u>W</u> of <u>Madison</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-14-16 Date drilling completed: 11-18-16 Hole depth: 801 Hole diameter: 7

Location of the source of any surface water used for drilling: Fire Hydrant

Method of dosing and volume of Chlorine used in drilling and development: _____

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

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Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Maintain level in lake

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

Static Water Level: 268 feet [above or below] land surface Date measured: 11-18-16
(circle one)

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

Well depth: 780 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 680 feet Casing diameter: 4 inches Type of casing: Steele

Screen length: 100 feet Screen diameter: 4 inches Type of screen: stainles pipe base

Screen slot size: .012 inches Setting depth: From 680 feet to 780 feet

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

Other (describe): _____

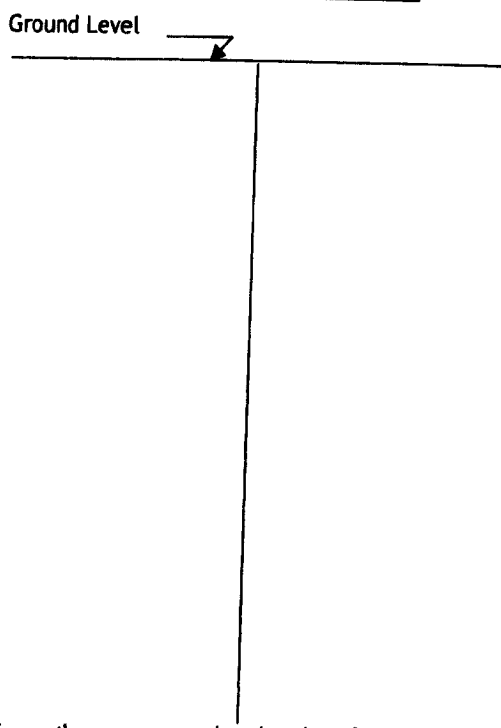
Top of lap pipe or reduction in casing: _____ feet

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

County: Madison
 Permit #: MS FW 17296

For Office Use Only:
 Well #: V98

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)
Clay		32
Yazoo clay	32	410
clay + sand strips	410	445
shale	445	600
sand	600	740
sand + clay	740	760
sand	760	780
clay	780	801

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

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Landowner Name: Cypress Lake Prop. Owners Assoc.

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.

John W Thompson 0-679 11- -16 John W Thompson
 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 #: MS G.W. 17296
Driller: John W Thompson
Date completed: 11-18-16
Copy information from block on Part 1

For Office Use Only:
Well #: V98
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>Cypress Lake Prop. Owners Assoc.</u>	Latitude: <u>32° 28' 3.2"</u>	Longitude: <u>90° 9' 46.2"</u>			
Mailing Address: <u>P.O. Box 14001</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad SW , Hand-held GPS _____, Survey-grade GPS _____				
<u>Jackson MS 39236</u>	<u>SW 1/4 NE 1/4, Sec 11 T 7N R 1E</u>				
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>W</u> of <u>Madison</u>				
Telephone No. <u>(601) 957-3001</u>	(Distance)	(Direction)	(Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: ~~11-18-16~~ 12-1-16 Rated Pump Capacity: 55 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: 7.5 Setting Depth: 315 feet Number of Stages: _____

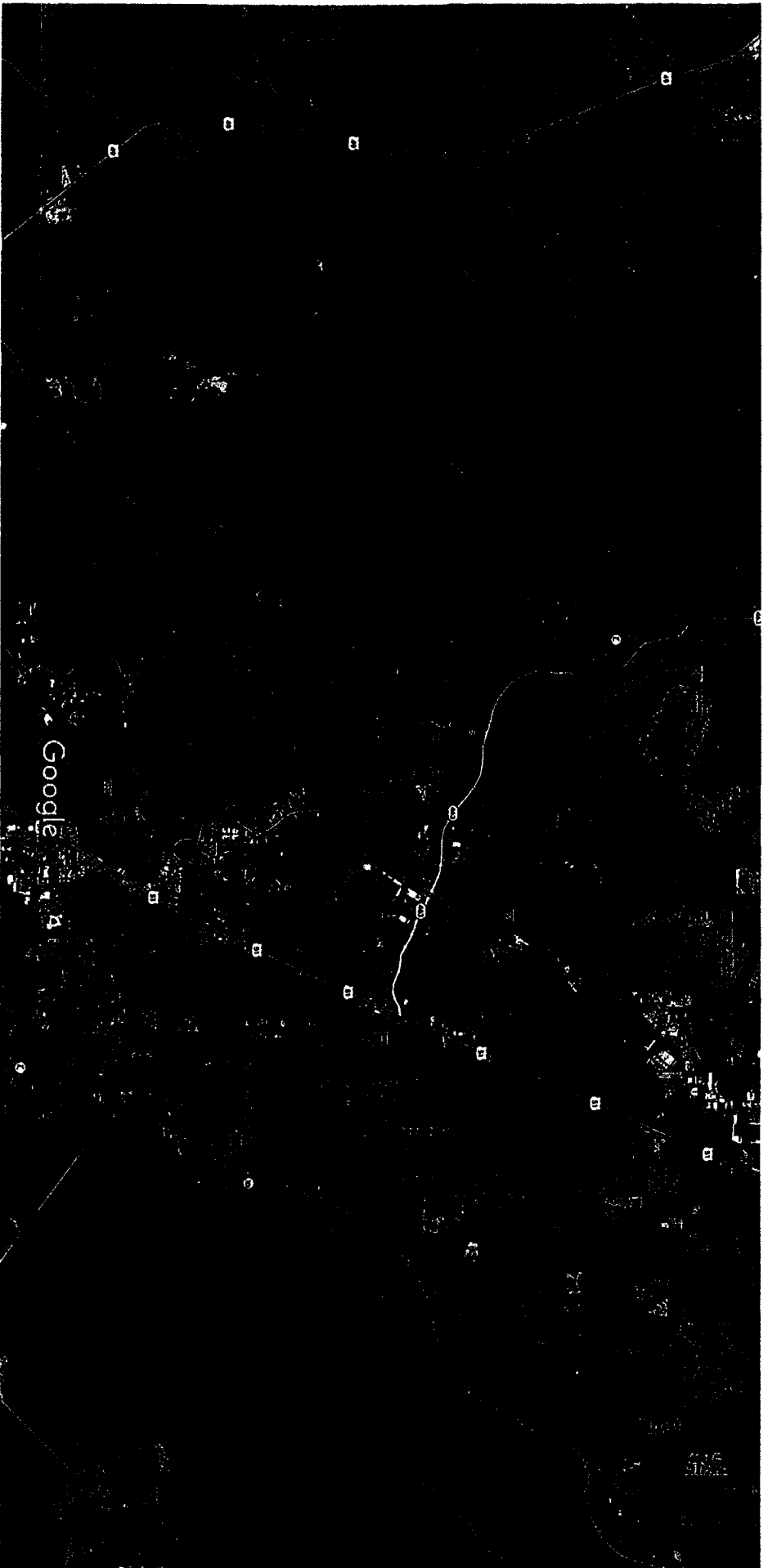
Pump Test Data for Non Flowing Well
Date Well Tested: 11-18-16 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 268 Feet Below Land Surface Pumping Water Level (B): 279 Feet Below Land Surface
Drawdown [(B) - (A)]: 11 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
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: Badger Meters Meter Serial Number: 16516245
Meter Model Number/Name: E series ultra sonic 31655 Type of Meter: HME LCD
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: 12-1-16 Meter installed by: Thompson Brothers Drilling
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.
John W Thompson 0-679 12-5-16 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps 32°28'03.2"N 90°09'46.2"W



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