

STATE WELL REPORT

402

County: Marshall
 Permit #: MS-GW-17480
 Driller: Rodney Tatum
 Date drilling completed: 5-25-2020

Part I
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 #: A 107
 Aquifer: _____
 E-Log #: _____

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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>CPL Logistics Marshall Building</u>	Latitude: <u>34.9691</u> Longitude: <u>-89.6000</u>
Mailing Address: <u>7887 E Bellevue Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 475</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Denver</u> <u>CO</u> <u>80111</u>	<u>SW^{NW} 1/4 SW 1/4, Sec 26 T.015 R.04W</u>
City State Zip Code	<u>4.82</u> Miles <u>West</u> of <u>Mt. Pleasant</u>
Telephone No. <u>(303) 846-5807</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-25-2020 Date drilling completed: 5-25-2020 Hole depth: 225' Hole diameter: 18"

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

Method of dosing and volume of Chlorine used in drilling and development: poos in and mix / 80 pounds chlorine powder

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) irrigation well

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: 70 feet above or below land surface Date measured: 5-30-2020
(check one)

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

Well depth: 225 Well grouted to a depth of: 165 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 185 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: 220 inches Setting depth: From 225 feet to 185 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

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: Marshall
 Permit #: MS-GW-17480
 Driller: Rodney Tatum
 Date completed: 5-25-2020
 Copy information from block on Part 1

For Office Use Only:

Well #: A 107
 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>CP Logistics Marshall Building 9</u>	Latitude: <u>34.9691</u> Longitude: <u>-89.6000</u>
Mailing Address: <u>7887 E Belleview Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 475</u>	USGS quad _____, Hand-held GPS <u>K</u> , Survey-grade GPS _____
<u>Denver</u> <u>CO</u> <u>80111</u>	<u>Sw NW</u> <u>Sw</u> <u>1/4</u> , Sec <u>S26</u> T <u>01S</u> R <u>04W</u>
City State Zip Code	<u>4.82</u> Miles <u>west</u> of <u>Mt. Pleasant</u>
Telephone No. <u>(303) 846-5807</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 5-30-2020 Rated Pump Capacity: 250 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: 25 Setting Depth: 140 feet Number of Stages: 4

Pump Test Data for Non Flowing Well

Date Well Tested: 6-3-2020 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 90 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 300 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.

Rodney Tatum 7-7-2020 Rodney Tatum
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

