

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 #: L59
Aquifer: _____
E-Log #: _____

County: Marshall
Permit #: _____
Driller: Frost Systems
Date drilling completed: _____

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>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Robert Holland</u> Mailing Address: <u>1380 Rassom Rd</u> <u>Holly Springs</u> <u>Miss 38635</u> City State Zip Code Telephone No. <u>(34) 954-5948</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34 50 16</u> Longitude: <u>89 22 05</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____/_____/_____, Sec <u>2</u> T <u>35</u> R <u>2W</u> _____/_____/_____, Sec _____ T _____ R _____ _____/_____/_____, Sec _____ T _____ R _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 9-14-16 Date drilling completed: 9-14-16 Hole depth: 205' Hole diameter: 7 7/8"
Location of the source of any surface water used for drilling: well
Method of dosing and volume of Chlorine used in drilling and development: 6 lbs HTH
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: 105 feet [above or below] land surface Date measured: _____
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 205' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 195 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 195 feet to 205 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: N/A feet

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

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

Received

SEP 20 2016

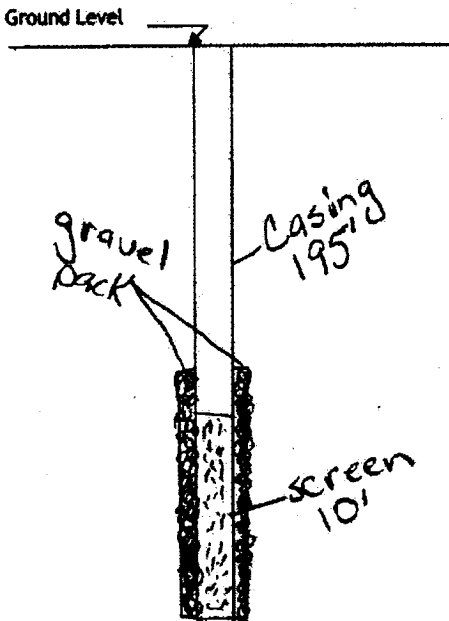
By OLWR

County: Marshall
Permit #: _____

For Office Use Only:
Well #: 259

The sketch below only required for water wells

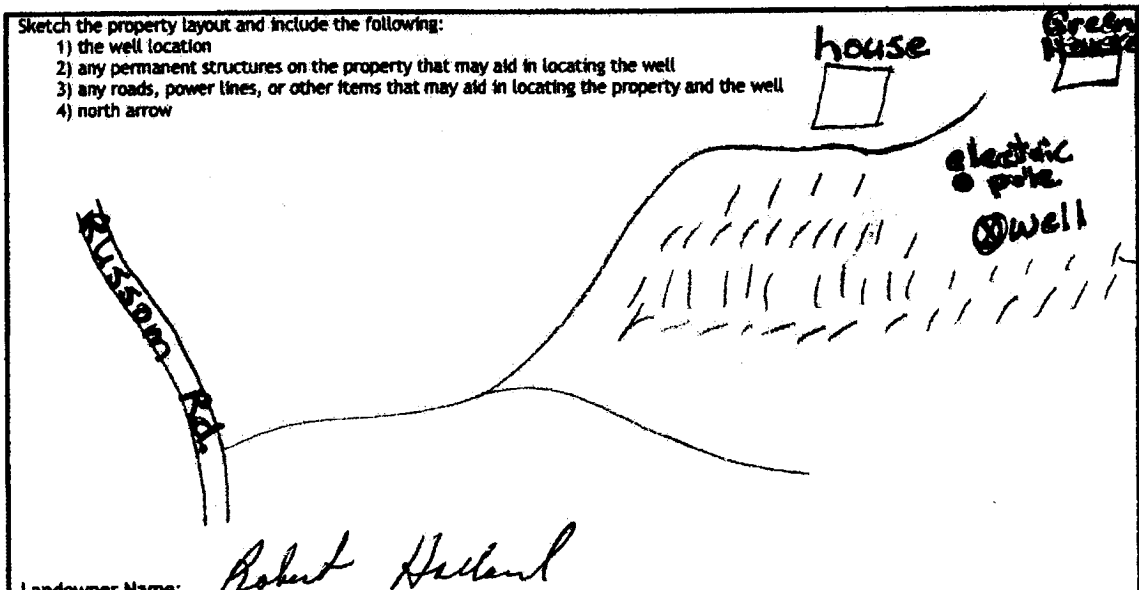
If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
Red Clay	0	25
Red sand	25	90
Coarse sand	90	100
Clay	100	130
Shale	130	205



Landowner Name: Robert Hillard

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.

Bernard Frost 0217 9-19-16 Bernard Frost
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

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STATE WELL REPORT

Part 2

County: Marshall
 Permit #: _____
 Driller: Frost Systems
 Date completed: _____
Copy information from block on Part 1

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 #: LS9
 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>Rubert Halland</u>	Latitude: <u>3450 71</u> Longitude: <u>89 22 05</u>
Mailing Address: <u>1380 Ransom Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Nelly Springs</u> <u>Miss</u> <u>38635</u> City State Zip Code	1/4 _____ 1/4, Sec <u>7</u> T <u>3</u> R <u>2</u>
Telephone No. () _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9-16-16 Rated Pump Capacity: 30 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: 2hp Setting Depth: 140 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ 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: N/A 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.
Bernard Frost 0217 9-19-16 Bernard Frost
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

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