

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 #: _____
Aquifer: D45
E-Log #: _____

County: Monroe
Permit #: _____
Driller: Thomas Rossi #0509
Date drilling completed: 08-27-2012

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>	Well or Borehole Location
Owner Name: <u>Leslie Grant</u>	Latitude: <u>33° 59' 31.362"</u> Longitude: <u>-88° 20' 12.595"</u>
Mailing Address: <u>1217 Hwy 278 East</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , 31 13
Amory MS 38821	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>South</u> 1/4 <u>East</u> 1/4, Sec <u>29</u> T <u>12 S</u> R <u>9 E</u> <u>SW</u> <u>SW</u> <u>28</u> <u>17W</u>
Telephone No. <u>(662) 256-2539</u>	<u>7</u> Miles <u>Northeast</u> of <u>Hatley, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>08-22-2012</u> Date drilling completed: <u>8-27-2012</u> Hole depth: <u>295</u> Hole diameter: <u>4</u> inches
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): (<u>No log run</u>) Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): (<u>Water Well</u>) Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): (<u>Home</u>) Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>255</u> feet [above or (<u>below</u>)] land surface Date measured: _____ (circle one)
Method of measurement (circle one): (<u>Steel tape</u>) Electric tape Air line Other (describe): _____
Well depth: <u>295</u> Well grouted to a depth of: <u>60</u> feet Type of grout (circle one): (<u>Neat Cement</u>) Bentonite Mix
Casing length: <u>275</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>285</u> feet to <u>295</u> feet
Type of completion (circle all applicable): (<u>Gravel packed</u>) 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

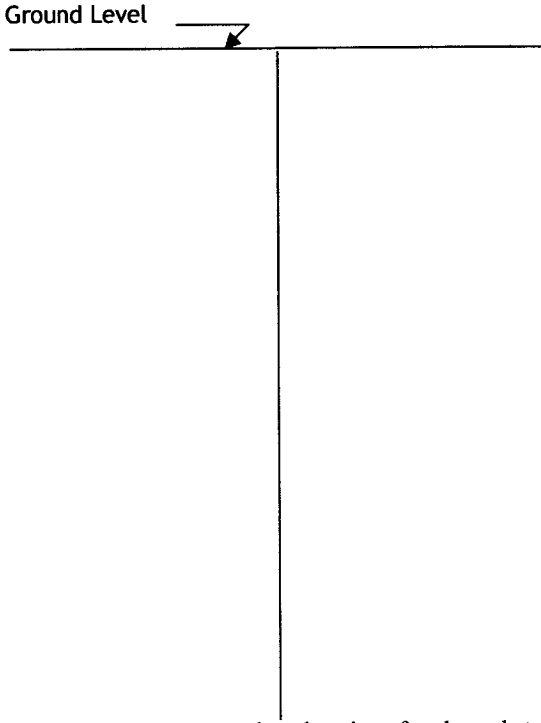
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BY: OLWR

County: Monroe
 Permit #: _____

For Office Use Only:
 Well #: DAS

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	0	10
Sandy Clay	10	40
Clay	40	45
Rock	45	48
Clay	48	63
Rock	63	65
Clay	65	90
Rock	90	92
Clay	92	190
Sandy Clay	190	215
Clay	215	230
Sand & Clay Strips	230	250
Sand & Gravel	250	295

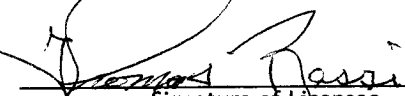
If more than one screen, show location of each on sketch

- 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: Leslie Grant

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.

Thomas Rossi #0509 05-13-2013 
 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)

For Office Use Only:

Well #: D45
 Aquifer: _____

County: Monroe
 Permit #: _____
 Driller: Thomas Rossi #0509
 Date completed: 08-27-2012
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>Leslie Grant</u>	Latitude: <u>33° 59'31.362"</u> Longitude: <u>-88° 20'12.595"</u>
Mailing Address: <u>1217 Hwy 278 East</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Amory MS 38821	South <u>1/4</u> East <u>1/4</u> , Sec <u>29</u> T <u>12 S</u> R <u>9 E</u>
City State Zip Code	<u>7</u> Miles <u>Northeast</u> of <u>Hatley, MS</u>
Telephone No. <u>(662) 256-2539</u>	

Pump Type (circle one)

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

Date Pump Installed: 08-22-2012 Rated Pump Capacity: _____ 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: one Setting Depth: 290 feet Number of Stages: 18

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 255 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: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

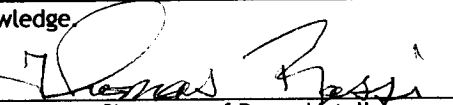
Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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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.

Thomas Rossi #0509 05-13-2013 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

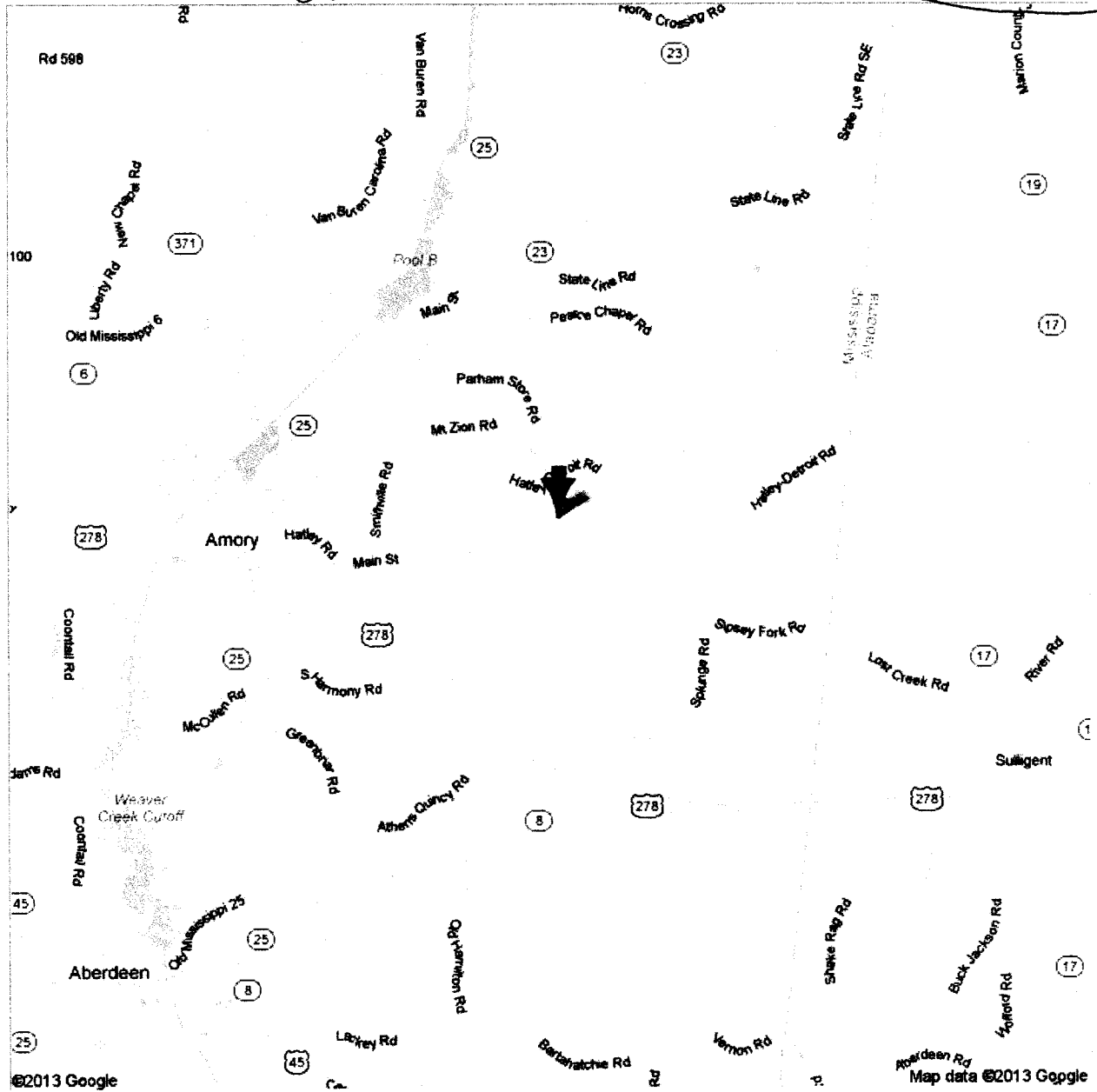
D45

Google

Address Mississippi

33° 59' 31.362"
- 88° 20' 12.595"

Leslie Grant
1217 Hwy 278 E
Amory, MS 38821



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