

STATE WELL REPORT

County: NEWTON
 Permit #: THOMAS DRILLING
 Driller: THOMAS DRILLING
 Date drilling completed: 11/28/17

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 #: E52
 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.

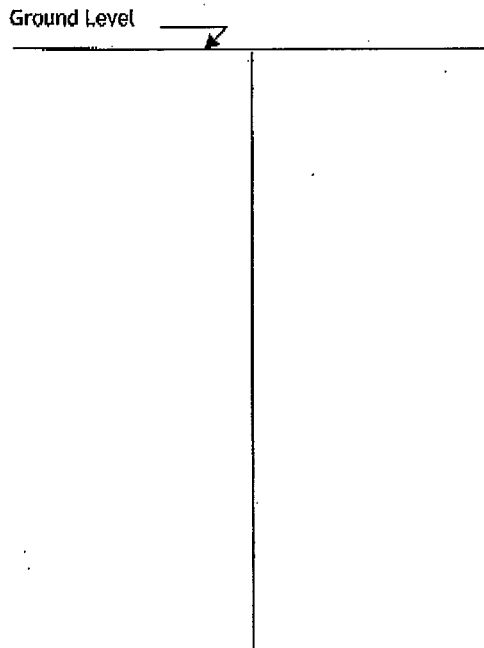
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>LISA COLLINS</u> Mailing Address: <u>9166 NEWTON CONEHATTA ROAD</u> <u>LAWRENCE MS 39336</u> City State Zip Code Telephone No. <u>(601) 5131527</u>			Well or Borehole Location Latitude: <u>32°24'16.47"N</u> Longitude: <u>89°16'17.45"W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 SE 1/4, Sec 3433 T7N R 10E</u> <u>5</u> Miles <u>N</u> of <u>LAWRENCE</u> (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data
 Date drilling started: 11/28/17 Date drilling completed: 11/28/17 Hole depth: 200' Hole diameter: 4"
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: 1lbs CHLORINE 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): BARN
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 100' feet above or below land surface Date measured: 11/28/17
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 200' Well grouted to a depth of: 10'+ feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 180' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .010" inches Setting depth: From 180' feet to 200' 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: NEWTON
 Permit #: _____

For Office Use Only:
 Well #: ES2

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



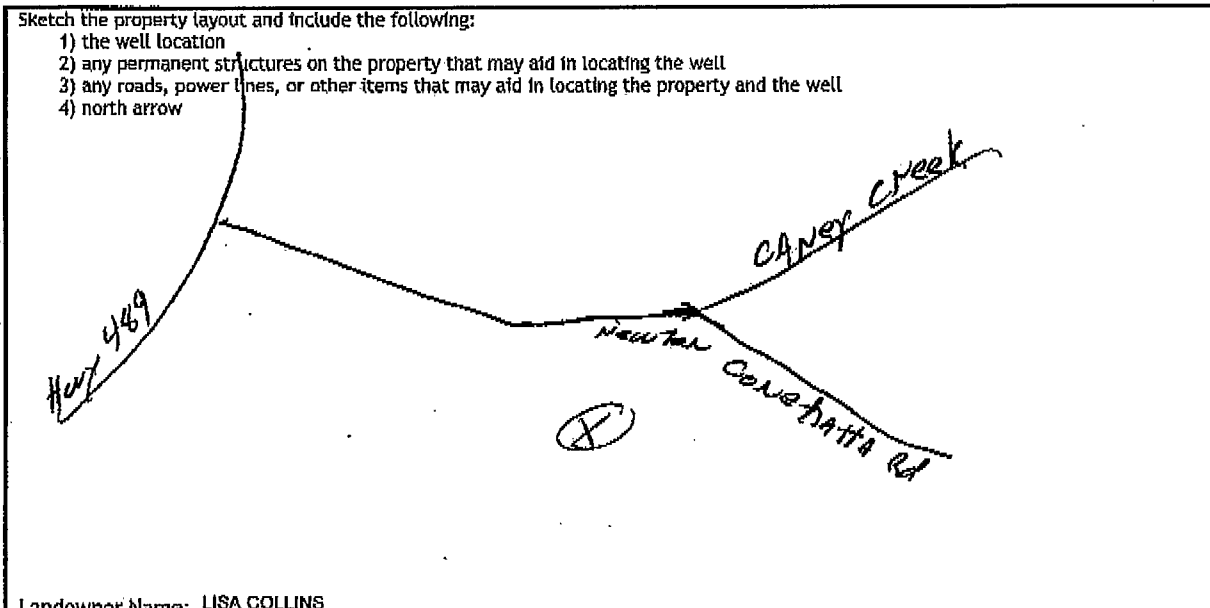
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
MIXED DIRT	0	2'
YELLOW SAND	2'	16'
MIXED CLAY	16'	18'
GRAY CLAY	18'	23'
YELLOW CLAY	23'	25'
SANDSTONE	25'	26'
GRAY CLAY W/STRKS GRA	26'	32'
BLACK DIRT	32'	44'
GRAY CLAY	44'	65'
GREEN SAND	65'	72'
ROCK	72'	74'
CLAY W/ GREEN SAND AN	74'	85'
ROCK	85'	86'
SAND CLAY AND STRKS R	86'	125'
FINE SAND	125'	149'
MED. FINE GRAY W/BLACK	149'	185'
GRAY SAND MED	185'	200'

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



Landowner Name: LISA COLLINS

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

12/6/2017

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

County: NEWTON
 Permit #: _____
 Driller: THOMAS DRILLING
 Date completed: 12/4/17
Copy information from block on Part 1

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 #: E52
 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>LISA COLLINS</u>			Latitude: <u>32°24'16.47"N</u> Longitude: <u>89°16'17.46"W</u>	
Mailing Address: <u>9166 NEWTON CONEHATTA ROAD</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>LAWRENCE</u>	<u>MS</u>	<u>39336</u>	USGS quad ⁵¹³¹⁹²⁷ _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	<u>NE 1/4 SE 1/4, Sec 34 33 T7N R 10E</u>	
Telephone No. (<u>601</u>) <u>5131527</u>			<u>5</u> Miles <u>N</u> of <u>LAWRENCE</u> (Distance) (Direction) (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 12/4/17 Rated Pump Capacity: 10GPM 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: 1HP Setting Depth: 140' feet Number of Stages: 12

Pump Test Data for Non Flowing Well
 Date Well Tested: 12/4/17 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 100' Feet Below Land Surface Pumping Water Level (B): 110' Feet Below Land Surface
 Drawdown [(B) - (A)]: 10' Feet Below Land Surface Test Pumping Rate: 35GPM 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 12/6/2017
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer