

well #1

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)

County: Newton
Permit #:
Driller:
Date drilling completed: 1-27-15

For Office Use Only:
Well #: K106
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: John Nguyen
Mailing Address: 511 Pine Bluff Rd
Decatur MS 39327
Telephone No. (504) 250-1591
Well or Borehole Location
Latitude: 32-23-28 Longitude: 89-11-43
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW SE SENE 1/4, Sec 5 T 6 N R 11 E
5 Miles N of Newton
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 1-25-15 Date drilling completed: 1-27-15 Hole depth: 600 Hole diameter: 6 1/2
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): 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

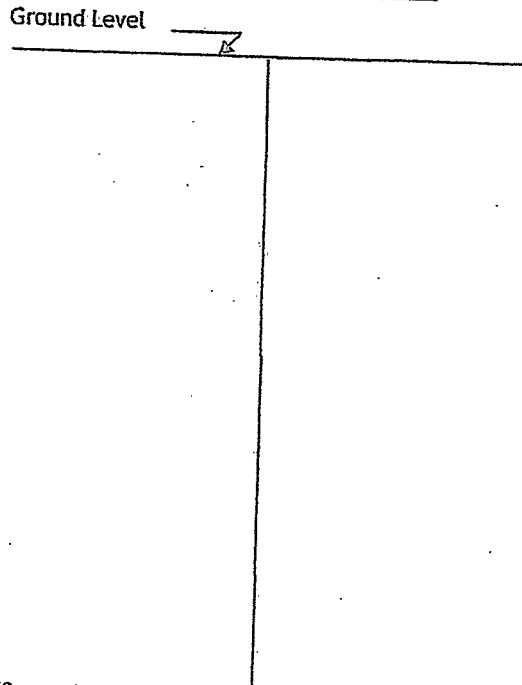
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): Poultry Farm
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 211 feet [above or below] land surface Date measured:
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe)
Well depth: 600 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 560 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted
Screen slot size: .010 inches Setting depth: From 560 feet to 600 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: Newton
Permit #: _____

For Office Use Only:
Well #: K106

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

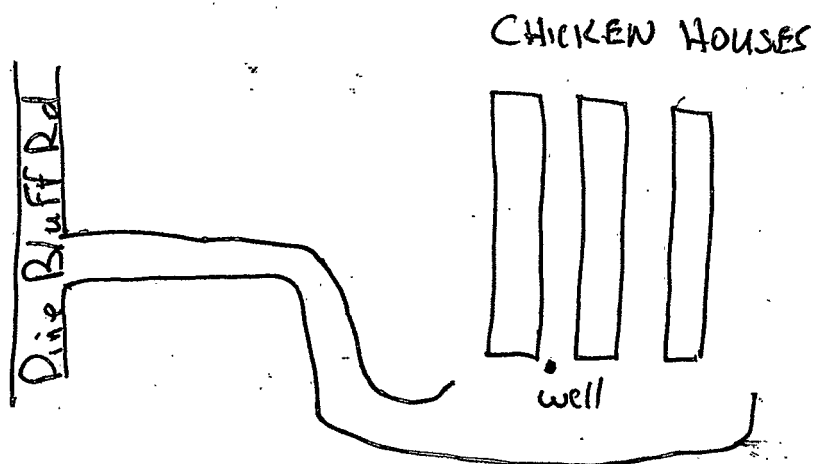


Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SANDY CLAY	Ground level	4
CLAY	4	238
CLAY w/ ROCK STRIPS	238	539
FINE SAND	539	600

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: John Nguyen

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 A. West 0-672 3-29-17 David A. West
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: Newton
 Permit #: _____
 Driller: West Water Well
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: K106
 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>John Nguyen</u>	Latitude: <u>32-23-28</u> Longitude: <u>89-11-43</u>
Mailing Address: <u>5111 Pine Bluff Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Decatur</u> <u>MS</u> <u>39327</u>	<u>NW</u> ^{SE} <u>SE</u> ^{NW} 1/4, Sec <u>S</u> T. <u>6N</u> R. <u>11E</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Newton</u>
Telephone No. <u>(504) 250-1591</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 1-27-15 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: 5 Setting Depth: 280 feet Number of Stages: _____

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: _____ 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.

David A. West 0-672 3-27-11 David A. West

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