

3
well

County: Perry
 Permit #: _____
 Driller: David L. Cain
 Date drilling completed: 5/25/2018

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C91
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Steve Goodnight</u>	Latitude: <u>31° 23' 10"</u> Longitude: <u>88° 51' 50"</u>
Mailing Address: <u>91836 Hwy 42</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Righton</u> <u>MS</u> <u>39476</u>	USGS quad, <u>N 1/4 SW 1/4 E 1/4 Sec 23 Twn 5N Rng 9 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 408 6677</u>	<u>4</u> Miles <u>East</u> of <u>Righton MS</u>

Well / Borehole Data

Date drilling started: 5/21 Date drilling completed: 5/23 Hole depth: 340 Hole diameter: 4"

Location of the source of any surface water used for drilling: East Perry County Comm. Well
 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 (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 one): Home _____ Industrial Public Supply _____ Irrigation _____ Fish Culture _____ Other: Chicken Farm

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 92 feet above or below (circle one) land surface Date measured: 5/24/2018

Method of Measurement (circle one) steel tape electric tape air line other: String

Well depth: 340 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 300 feet to 340 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: 280' feet. *If telescoped or more than one screen, describe on next page*

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Southern MS Water Well Drilling
 Lic # 0-831

Form: OLWR-SWR-1A (04/08)
 Randall Cain
 5/31/2018

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: C91

Elevation: _____

County: Perry
 Permit #: _____
 Driller: David L. Cain
 Date completed: _____
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

Owner Name: Steve Goodnight
 Mailing Address: 91836 Hwy 42
 Richton MS 39476
City State Zip Code
 Telephone No. (601) 408 6677

Well Location

Latitude: 31° 23' 10" Longitude: 88° 51' 50"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 N 5W E 1/4 NE 1/4 Sec 23 T5N R 9W
 Distance Direction Nearest Town
 1/4 Miles East of Richton MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____
 Date Pump Installed: 5/24/2018
 Rated Pump Capacity: 50 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 5 hp
 Setting Depth: 180 feet
 Number of Stages: 15

Pump Test Data

Date Well Tested: 5/24/2018
 Static Water Level (A): 92 Feet Below Land Surface
 Pumping Water Level (B): 125 Feet Below Land Surface
 Drawdown [(B)-(A)]: 33 Feet Below Land Surface
 Test Pumping Rate: 90 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): String
 For flowing well, measured shut in head: _____ feet
 Well yielded 90 GPM with a drawdown of
 33 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

 Southern Ms Water Well
 Print Name of Pump Installer and License No. (if applicable)

 David L. Cain
 Signature of Pump Installer

 Lic # D-831

 5/31/2018

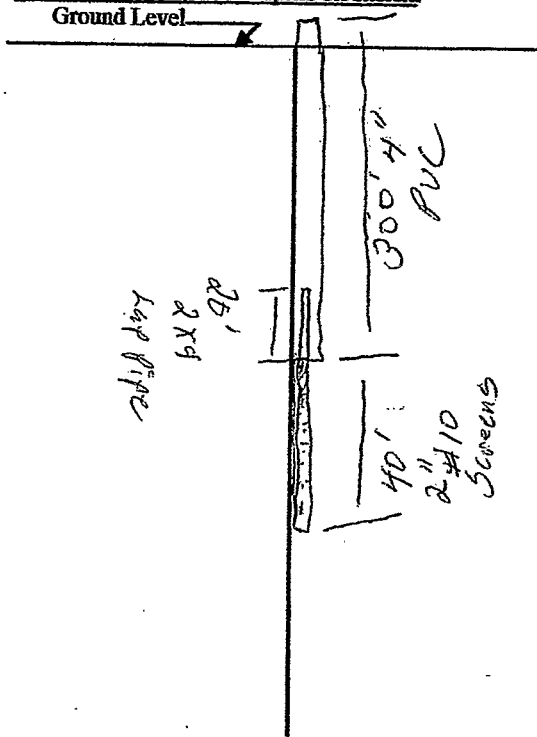
Form: OLWR-SWR-1B (04/08)

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#3 well

The sketch below only required for water wells

If well telescopes, show depths on sketch



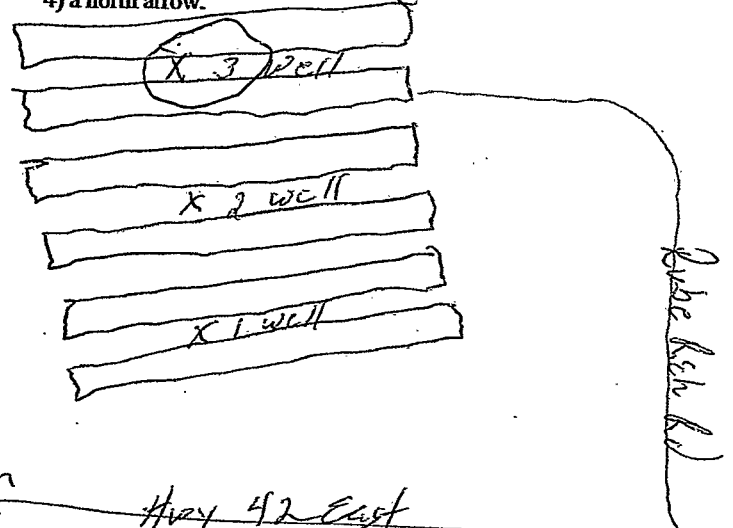
#3 well

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)
Top soil & Clay	Ground Level	15
Sand	15	25
Clay	25	200
Sand & Clay Mix	200	280
Water Sand	280	340

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) a north arrow.



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Richton MS Hwy 42 East Sand Hill MS

Landowner Name: Steve Goodnight

Form: OLWR-SWR-1A (04/08)

I 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.

Southern MS Water Well 5/31/2018 *Randall Cain*
 Print Name of Responsible Licensee and License No. Date Signature of Licensee
 #0-831