| -ove | | |
|--|---|--|
| <u>Λ</u> Ι | STATE WELL REPORT | For Office Use Only: |
| County: Pike | Part 1 | well #: 261 |
| Permit #: | Driller's Log Mississippi Department of Environmental Quality | · |
| Driller: John W Thompson | Office of Land and Water Resources | Aquifer: |
| Date drilling completed: 7-12 - 13 | P.O. Box 2309 Jackson, MS 39225-2309 | E-Log #: |
| vate untiling completed. | (601)961-5210 | |
| | (601)360-0535 (fax) | |
| State Law requires that this report | be prepared by the license holder responsible for t ithin 30 days of completion of drilling of the well o | he work and filed with the or borehole. |
| Well Owner Informati | ion Well or Bore | hole Location |
| (Landowner if borehole is not for | a water well) Latitude: 31017159 Lor | gitude: 90°28′ 25″ |
| Owner Name: Kound Tree & | 1 cacia Tec | |
| Mailing Address: P.O. Box 22 | Nothed of Lat / Long (check one |): Conventional Survey, |
| T 1. | M C I USGS guad . Hand-held G | PS, Survey-grade GPS |
| <u>Jackson</u> | SE 1/ NW 1/ Ser | 23 T 4N R 7E |
| City State | Zip Code 3 William N | m. C. |
| | (Distance) (Disastion) | (Nearest Town) |
| elephone No. () | (Distance) (Direction) | (Mediese Town) |
| ocation of the source of any surface w | drilling completed: 7-11-13 Hole depth: 18 water used for drilling: Local Creek ne used in drilling and development: add 8 ga | water |
| Method of dosing and volume of Chlori | ne used in dritting and development: | A TOTAL STORES |
| ogs run (circle all applicable): (No log r | Electric Gamma Ray Density Sonic Neutro | on Other: |
| Name of organization running log(s): _ | | |
| Purpose of borehole (circle one). Water | Well Geotechnical/Geological Investigation | Ground Source Heat Pump |
| Seism | nic Survey Other (describe) | |
| | ated to water well construction, skip the remainde | |
| Purpose of Well (circle all applicable): | | Fish Culture |
| • | / | |
| Other (describe): Fig Supply | | |
| If a flowing well, method of flow regul | ation: Valve Other (describe) | 7 11 10 |
| Static Water Level: 28 fee | t [above or below] land surface Date measure | d: |
| | Steel tape | |
| Well depth: 160 Well grouted to a | depth of: 20 feet Type of grout (circle one) | : Neat Cemen Bentonite Mix |
| Casing length: 120feet C | asing diameter:inches Type of | casing: PVC |
| Screen length: 20 feet | | screen: PVC Slotted |
| Screen slot size:inches | Setting depth: From 120feet_t | o |
| Type of completion (circle all applicab | (e): Gravel packed Underreamed Open hole | Natural Development |
| Other (describe): | | |
| Top of lap pipe or reduction in casing: | | AUG |
| If telesc | coped or more than one screen, describe on next p | ige |

Form: OLWR-SW1-VA (4/13)

| County: | | or Office Use | · |
|--|---|--------------------------------------|-------------------------|
| The sketch below only required for water wells If well telescopes, show depths on sketch. | Description of formations encountered and boreholes, unless specifically exem | must be provide apted by regulati | ed for all wells ons |
| Ground Level | Description of Formations Encountered | From (depth) Ground level | To (depth) |
| | sand + clay | oround tevet | 40 |
| | sand + clay | 40 | 60 |
| | sand, gave I + clay | 60 | 80 |
| | Clay | 80 | 110 |
| | sand & clay | 110 | 140 |
| | sand | 140 | 165 |
| | Clay | 165 | 183 |
| | | | |
| | | | |
| | | | |
| 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 3) any roads, power lines, or other items that may aid in l 4) north arrow Rolling Brown rd Rolling Bro | in locating the well ocating the property and the well | | ↑ |
| | | | • |
| exit 20 | | | |
| Landowner Name: Round tree & A. | rrociater | | |
| HEREBY CERTIFY that the well/borehole was drilled, co requirements of the Mississippi Department of Environme f applicable, and state laws. | nstructed, and completed in accordance ental Quality and the Mississippi Departm | with all applic nent of Health r | able egulations, |
| John W Thompson 0-679 Print Name of Responsible Licensee and License No. | 8-6-13 John W | for So of Ligensee | |
| and License No. | Signature Signature | Form: OLWR-S | WR-1A (4/13 |

STATE WELL REPORT

Part 2

County: Permit #: Driller: John Date completed:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309 Jackson, MS 39225-2309

| For Office Use Only: | | | |
|----------------------|--|--|--|
| Well #: | | | |
| Aquifer: | | | |

| Copy information from block on Part 1 | (601)961-5210 (601) 360-0535 (fax) |
|---|---|
| This part of the report must be completed by a lice | ensed water well contractor or a licensed pump installer. A copy of Part 1 d with the Department at the above address within 30 days of well completion. |
| Well Owner Information | Well Location |
| Owner Name: Round Tree | Latitude: 31°17'59' Longitude: 90°28' 25'' |
| Mailing Address: 1.0, Box 72861 | Method of Lat/Long (check one): Conventional Survey, |
| Jackson MS | USGS quad, Hand-held GPS, Survey-grade GPS |
| | SE 14 A) W 14. Sec 23 T 41/ R 7E |
| , | p Code 3 Miles N of McComb |
| Telephone No. () | (Distance) (Direction) (Nearest Town) |
| | Pump Type (circle one) |
| Submersible Turbine Air Lift Centrifugal Flo | wing Well Jet Piston Rotary Other (describe): |
| Date Pump Installed: 7-11-13 | Rated Pump Capacity: 85 Gallons Per Minute |
| Is This Pump (circle one): New Repaired R | |
| | Power Type (circle one) |
| Electric Diesel Gasoline Natural Gas Tractor | r PTO Windmill Other (describe): |
| Horse Power Rating of Motor: Se | etting Depth:feet Number of Stages: |
| | Test Data for Non Flowing Well |
| Date Well Tested: 7-11-13 | Duration of Pump Test (minimum 4 hours): hours |
| Static Water Level (A): 28 Feet Below La | and Surface Pumping Water Level (B): 51 Feet Below Land Surface ow Land Surface Gallons Per Minute |
| Drawdown [(B) - (A)]:Feet Belo | w Land Surface Test Pumping Rate: Gallons Per Minute |
| Method of measurement (circle one): Steel tape | Electric tape (Air line) Other (describe): |
| | np Test Data for Flowing Well |
| Measured shut in head:feet. | |
| Well yieldedGPM with a drawdown | n of feet afterhours 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 ins | stalled by: |
| Is This Meter (circle one): New Repaired | Replacement |
| Important: By submitting the above information For agricultural wells, | n you are certifying that this meter was installed to manufacturer standards. , a list of approved meters is on the MDEQ website. |
| I HEREBY CERTIFY that the above statements are | |
| John W Thompson | 0-679 8-6-13 John V Homps All 221 |
| Print Name of Pump Installer and License No. (if | f applicable) Date Signature of Pump Installer |