

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 #: 649
Aquifer: _____
E-Log #: _____

County: Pontotoc
Permit #: _____
Driller: Stanley Wilson
Date drilling completed: 5-9-14

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Nathan Rogers</u>	Latitude: <u>N 34° 10.266</u> Longitude: <u>W 088° 58.911</u> <u>34-10-16</u> <u>88-58-55</u>
Mailing Address: <u>160 Lavelle Lane</u> <u>Pontotoc, MS 38863</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>34</u> T <u>10S</u> R <u>3E</u>
Telephone No. <u>(662) 397-8812</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town) <u>Algona</u>

Well / Borehole Data
Date drilling started: <u>9-5-14</u> Date drilling completed: <u>5-9-14</u> Hole depth: <u>180</u> Hole diameter: <u>7 7/8</u>
Location of the source of any surface water used for drilling: <u>Lake</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Bleach</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>30</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>5-10-14</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>180</u> Well grouted to a depth of: <u>40</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>120</u> feet Casing diameter: <u>7 7/8</u> inches Type of casing: <u>Sch 40</u>
Screen length: <u>60</u> feet Screen diameter: <u>7 7/8</u> inches Type of screen: <u>Sch 40</u>
Screen slot size: <u>.10</u> inches Setting depth: From <u>140</u> feet to <u>180</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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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MAY 21 2014
BY: OLWR

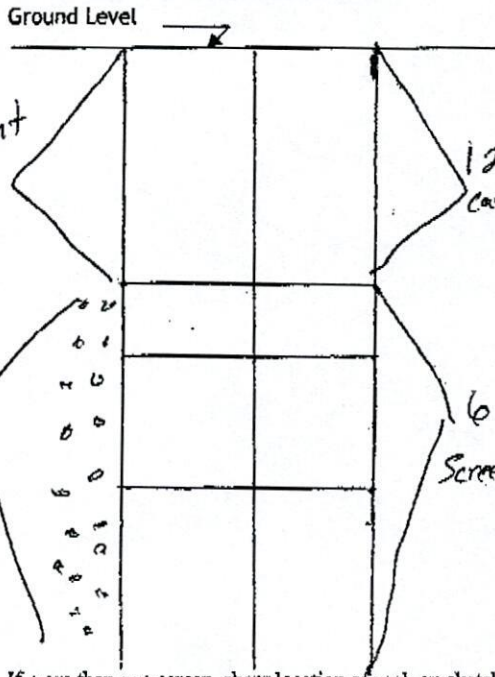
Form: OLWR-SWR-1A (4/13)

County: Pontotoc
 Permit #: _____

For Office Use Only:
 Well #: 649

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

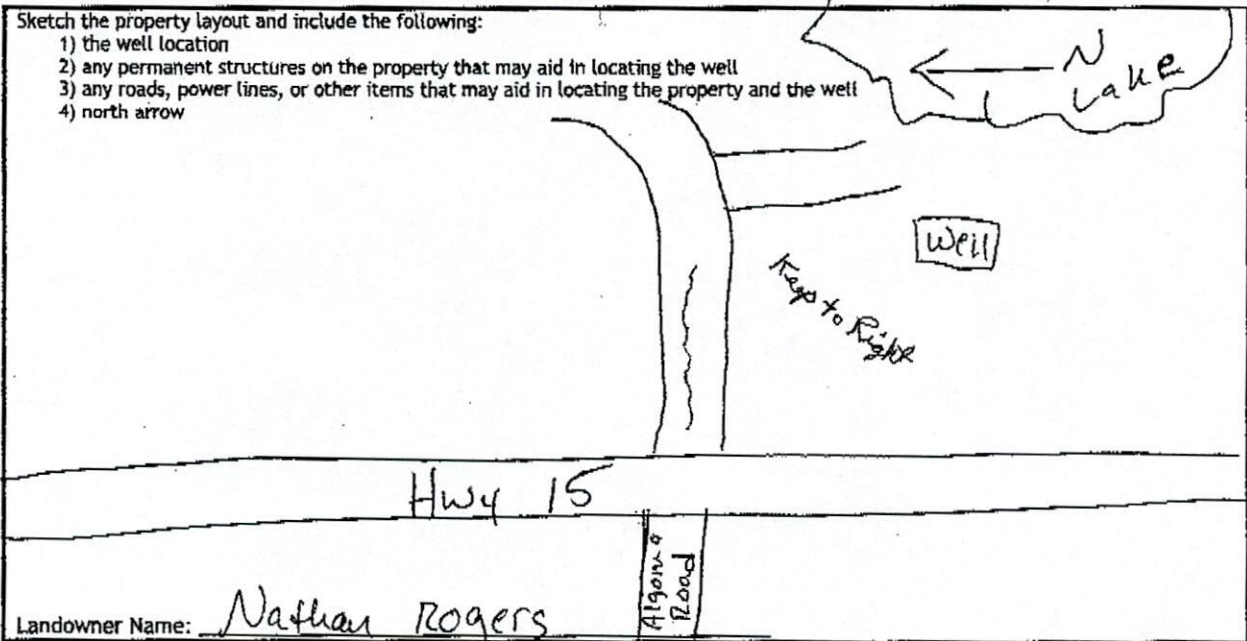


Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	3'
Red Sand	3'	45'
Rock and Sand	45'	118'
Rock	119'	120'
Sand	121'	180'

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: Nathan Rogers

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.

Stanley Wilson 5-20-14 Stanley Wilson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)
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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: Pontotoc
Permit #: _____
Driller: Stanley Wilson
Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: 649
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>Nathan Rogers</u>	Latitude: <u>N-34° 10.266'</u> Longitude: <u>W-088° 58.911'</u>
Mailing Address: <u>160 Jarnada Lane</u> <u>Pontotoc, ms 38863</u>	Method of Lat/Long (check one): Conventional Survey _____, ¹⁶ ³⁵ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NW</u> ¼, Sec. <u>34</u> T. <u>10S</u> R. <u>3E</u>
Telephone No. <u>(662) 377-8812</u>	_____ Miles of _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-9-14 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: 3/4 Setting Depth: 170 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 5-9-14 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 110 Feet Below Land Surface Test Pumping Rate: 10 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.

Stanley Wilson 5-20-14 Stanley Wilson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)
MAY 21 2014

BY: OLWR

G49

<input checked="" type="checkbox"/> Drilling	<input type="checkbox"/> Completion
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From: S & W Water Well Drilling
 234 North Main Street
 Pontotoc, MS 38863
 662-567-2528
 662-567-2528

To: MDEQ
 Attn: Ronn Killebrew
 P.O. Box 2309
 Jackson, MS 39225
 Phone 601-331-4460
 FAX 601-961-5228
Ronn_Killebrew@deq.state.ms.us

MSDH
 Attn: Melissa Parker
 P.O. Box 1700
 Jackson, MS 39215
 Phone 601-576-7690
 FAX 601-576-7632
mparker@msdh.state.ms.us

This is to provide notice of well drilling or well completion at:

Well Owner Stanley Wise Jr.
 Address 291 Shady Grove Rd.
Pontotoc, MS 38863

Driving directions: HWY 15 North - Turn left at
1st. red light at Escam, MS Hwy 345 West
go down Rd by Ashley Manafory CO -
stop Rd about 5 miles - You
will see tree with Baptist Church on left
and you will see a sign on Right
that says Shady Grove Church
Turn Right at the sign - go up
about 200 yards. you will see
2 Brick Houses on left - well is back
and between both of them.

GPS Coordinates:

Date of drilling or completion: 5-24-14
(If not raining)