

County: Quitman  
 Permit #: GW-4861  
 Driller: TBOOY Woods  
 Date drilling completed: 10/3/14

**State Well Report**  
**Part I - 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 #: L87  
 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.*

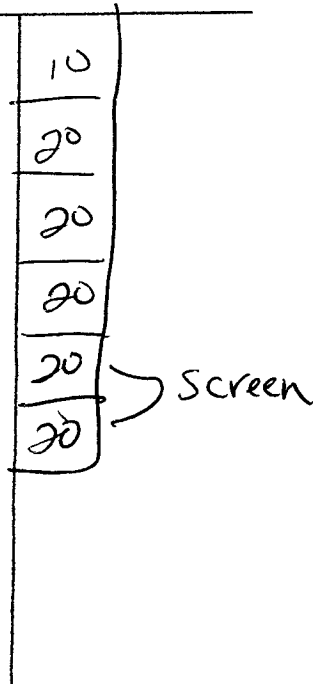
|   |   |
|---|---|
| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Gerald White</u><br/>         Mailing Address: _____<br/> <u>710 Payton Circle</u><br/> <u>Marks MS 38646</u><br/>         City State Zip Code<br/>         Telephone No. ( ) _____</p>   | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 8' 32"</u> Longitude: <u>90° 18' 39"</u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS<br/> <u>SW 1/4 NW 1/4 Sec 09 Twn 26N Rng 01W</u><br/>         Distance <u>6</u> Miles Direction <u>N</u> of Nearest Town <u>Lambert</u></p> |
| <p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>10/3/14</u> Date drilling completed: <u>10/3/14</u> Hole depth: <u>110</u> Hole diameter: <u>28</u><br/>         Location of the source of any surface water used for drilling: <u>Nearest Well</u><br/>         Method of dosing and volume of Chlorine used in drilling and development: _____<br/>         Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____<br/>         Name of organization running log(s): _____<br/>         Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____<br/>         Seismic Survey _____ Other (describe) _____<br/> <i>If drilling is not related to water well construction, skip the remainder of this block</i><br/>         Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____<br/>         If a flowing well, method of flow regulation: Valve _____ Other (describe) _____<br/>         Static Water Level: <u>18</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>10/3/14</u><br/>         Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____<br/>         Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix<br/>         Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u><br/>         Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u><br/>         Screen slot size: <u>0.50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet<br/>         Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development<br/>         Other (describe): _____<br/>         Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p> |   |

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

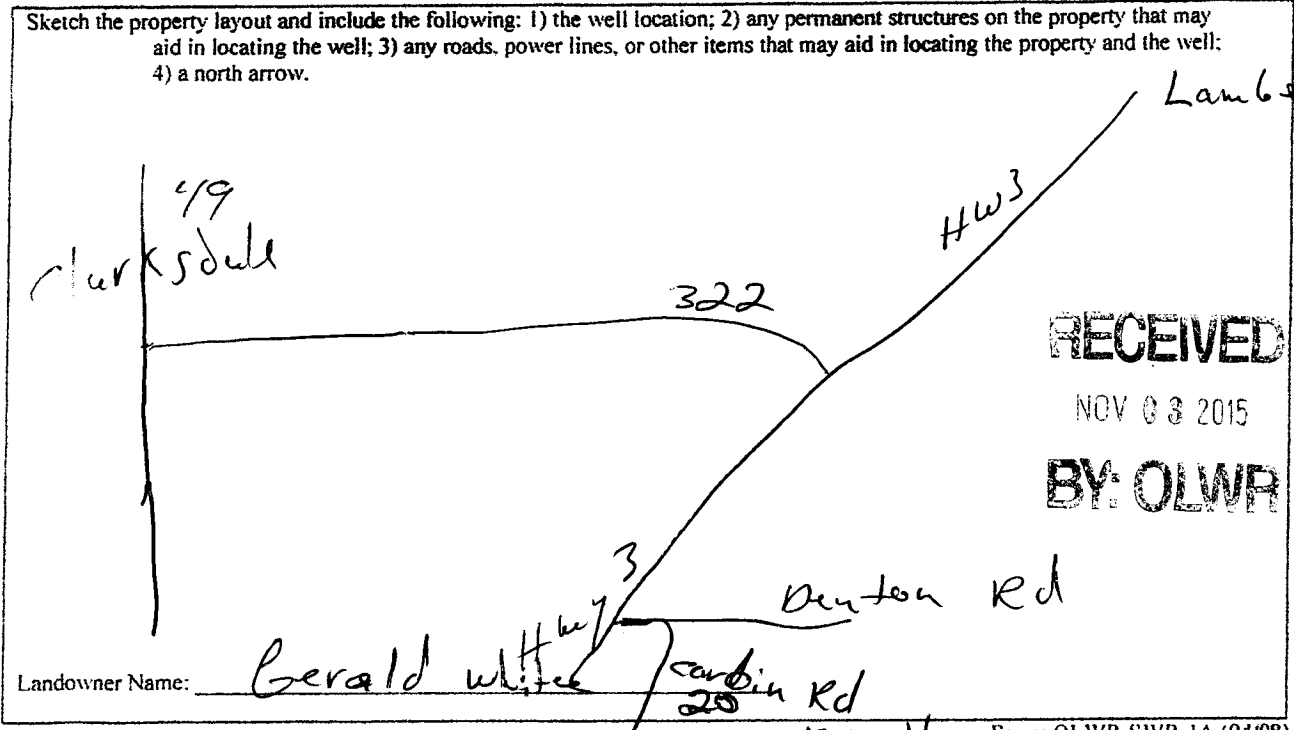


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Soil                                  | Ground Level | 20         |
| Sand                                  | 20           | 40         |
| Argo-silt                             | 40           | 60         |
| Clay-silt                             | 60           | 80         |
| gravel                                | 80           | 100        |
| gravel                                | 100          | 110        |
|                                       |              |            |
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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.



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.

TBDD7 locs # 5318 11/3/16 Judy Loat  
 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: <u>Quitman</u>                       |
| Permit #: <u>CW-4861</u>                     |
| Driller: <u>TEDDY COUS</u>                   |
| Date completed: <u>10/3/16</u>               |
| <i>Copy information from block on Part 1</i> |

|                             |
|-----------------------------|
| <b>For Office Use Only:</b> |
| Well #: <u>L 87</u>         |
| 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>Gerald White</u>     | Latitude: <u>34 32</u> Longitude: <u>90 18 39</u>   |
| Mailing Address: _____              | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <input checked="" type="checkbox"/> Hand-held GPS _____, Survey-grade GPS _____ |
| <u>710</u> <u>Payton Circle</u>     | <u>SW</u> ¼ <u>NW</u> ¼, Sec <u>09</u> T <u>26N</u> R <u>01W</u>  |
| <u>marks</u> <u>MS</u> <u>38646</u> | <u>6</u> Miles <u>N</u> of <u>humbert</u>   |
| City State Zip Code                 | (Distance) (Direction) (Nearest Town)   |
| Telephone No. ( ) _____             |   |

| Pump Type (circle one)   |  |
|--|--|
| Submersible <input checked="" type="checkbox"/> <u>Turbine</u> Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____ |  |
| Date Pump Installed: <u>10/3/16</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute  |  |
| Is This Pump (circle one): <input checked="" type="checkbox"/> <u>New</u> Repaired Replacement   |  |

| Power Type (circle one)  |  |
|--|--|
| Electric <input checked="" type="checkbox"/> <u>Diesel</u> Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____ |  |
| Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2 Stage</u>                        |  |

| Pump Test Data for Non Flowing Well  |  |
|--|--|
| Date Well Tested: <u>10/3/16</u> Duration of Pump Test (minimum 4 hours): <u>4</u> hours                             |  |
| Static Water Level (A): <u>18</u> Feet Below Land Surface Pumping Water Level (B): <u>25</u> Feet Below Land Surface |  |
| Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>4/3/16</u> 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 <u>2000</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> 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  |                            |
| <i>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> |                            |

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|  |                |                             |
|--|----------------|-----------------------------|
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. |                |                             |
| <u>TEDDY COUS #5318</u>  | <u>10/3/16</u> | <u>Judy foot</u>            |
| Print Name of Pump Installer and License No. (if applicable)                     | Date           | Signature of Pump Installer |
| Form: ULWR-SWR-1B (4/13)   |                |                             |