

County: Smith
 Permit #: _____
 Driller: Will Berlow
 Date drilling completed: 12-28-17

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 #: F37
 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>Dennis Alexander</u>	Latitude: <u>32° 08' 22"</u> Longitude: <u>89° 57' 42"</u>
Mailing Address: <u>2702 SCR 539</u>	<u>32-04-56</u> <u>89-34-27</u>
<u>Raleigh, MS 39153</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 536-3841</u>	<u>NW 1/4 SW 1/4 Sec 22</u> Twn <u>3N</u> Rng <u>7E</u>
	Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Raleigh</u>

Well / Borehole Data

Date drilling started: 10-10-17 Date drilling completed: 12-28-17 Hole depth: 740 Hole diameter: 6"

Location of the source of any surface water used for drilling: Public Supply **RECEIVED**

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: JUL 02 2018

Name of organization running log(s): MOEDA

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) Poultry Farm

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: Poultry

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 12-28-17

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

Well depth: 730 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix

Casing length: 680 feet Casing diameter: 5 inches Type of casing: PVC SDR 17

Screen length: 30 feet Screen diameter: 2" inches Type of screen: SS wirewrap

Screen slot size: .006 inches Setting depth: From 685 ± 710 feet to 695 ± 730 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: 601 feet. *If telescoped or more than one screen, describe on next page*

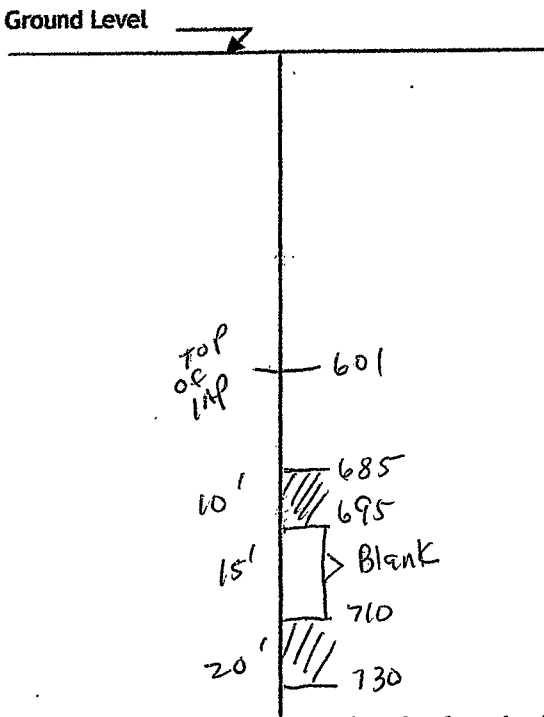
County: Smith
 Permit #: _____

For Office Use Only:
 Well #: F37

The sketch below only required for water wells

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

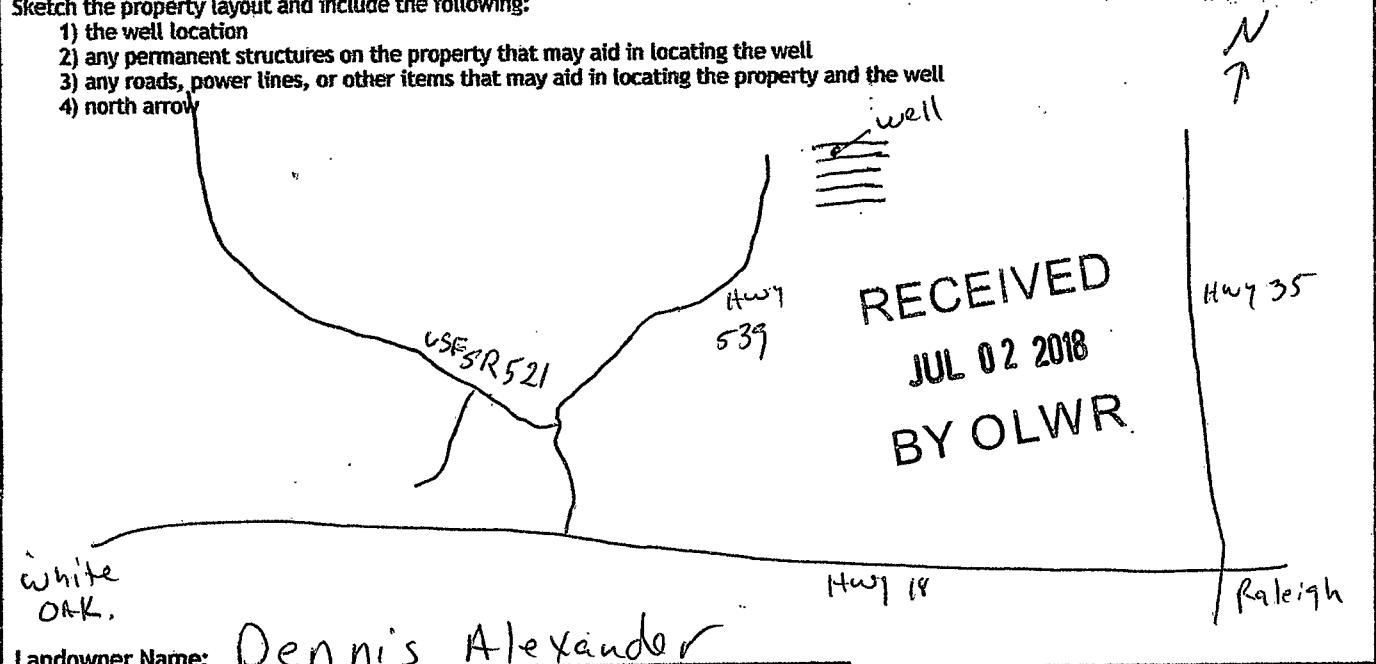
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
tan clay	Ground level	22
Gray clay	22	52
Rock	52	60
Gray clay	60	88
Rock & clay streaks	88	168
Sand & lignite	168	220
Gray-Green Clay (Gazco)	220	480
Sandy clay	480 -	680
sand	680 -	700
clay	700	710
sand	710	730

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: Dennis Alexander

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.

Carl P. Arnold Fincher Jr 0-560
 1-15-18
 Print Name of Responsible Licensee and License No. Date

[Signature]
 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: Smith
 Permit #: _____
 Driller: Will Barlow
 Date completed: 12-30-17
Copy information from block on Part 1

For Office Use Only:

Well #: F37
 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>Dennis Alexander</u>	<u>32-0A-56</u>	Well Location <u>89-34-27</u>	
Mailing Address: _____ <u>2702 SCR 539</u>	Latitude: <u>320822</u>	Longitude: <u>895742</u>	
<u>Raleigh MS 39153</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____		
City State Zip Code	<u>NW 1/4 SW 1/4, Sec 22 T. 3N R. 7E</u>		
Telephone No. (601) <u>536-3841</u>	<u>3</u> Miles <u>NW</u> of <u>Raleigh</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

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

Date Pump Installed: 12-29-17 Rated Pump Capacity: 55 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: 240' feet Number of Stages: 22

Pump Test Data for Non Flowing Well

Date Well Tested: 12-29-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 135 Feet Below Land Surface Pumping Water Level (B): 165 Feet Below Land Surface

Drawdown [(B) - (A)]: 30 Feet Below Land Surface Test Pumping Rate: 60 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: NA feet.

Well yielded 60 GPM with a drawdown of 30 feet after NA hours of pumping

Meter Installation

Meter Manufacturer: NA 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

RECEIVED
 JUL 02 2018
 BY OLWR

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.

Arnold Fincher Jr 0-560 1-15-18 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer