

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:

County: Sunflower
Permit #: BW-49092
Driller: Teddy Lewis
Date drilling completed: 4-4-16

Aquifer: _____
Well #: 6194
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>Midnight Sun Inc</u>	Latitude: <u>33° 42' 13"</u> Longitude: <u>90° 38' 14"</u>
Mailing Address: <u>PO Box 98</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Inverness MS 38753</u> City State Zip Code	USGS quad: <u>NE 1/4 SW 1/4 Sec 05 Twn 21N Rng 04W</u>
Telephone No. () _____	Distance <u>1 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Dockery</u>
Well / Borehole Data	
Date drilling started: <u>4-4-16</u> Date drilling completed: <u>4-4-16</u> Hole depth: <u>116</u> Hole diameter: <u>28</u>	
Location of the source of any surface water used for drilling: <u>nearest well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>4-4-16</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C</u>	
Screen slot size: <u>0.55</u> inches Setting depth: From <u>0</u> feet to <u>20</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWF-ANN-001

Received

APR 22 2016

By OLWR

STATE WELL REPORT

Part 2

County: Sunflow
 Permit #: GW-49092
 Driller: TEDDY COATS
 Date completed: 4-4-16
Copy information from block on Part 1

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)

For Office Use Only:

Well #: 6194
 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>Midnight Sun Inc II</u>	Latitude: <u>33 42 13</u> Longitude: <u>90 38 14</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 98</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>EAUVES</u> City <u>MS</u> State <u>38753</u> Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>65</u> T <u>21N</u> R <u>04W</u>
Telephone No. (____) _____	<u>1 1/2</u> Miles (Distance) <u>SW</u> of <u>Dockery</u> (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-4-16 Rated Pump Capacity: 2500 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 4-4-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 450 Feet Below Land Surface Test Pumping Rate: 2500 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 2500 GPM with a drawdown of 40 feet after 4 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.

Received

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

TEDDY COATS #5318
 Print Name of Pump Installer and License No. (if applicable)

4-4-16
 Date

Teddy Coats
 Signature of Pump Installer
 Form OLWR-SWB-1B (4/11)

APR 22 2016

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