

County: Sunflower
Permit #: GW-45407 45408
Driller: Irrigation Equipment
Date drilling completed: 06/11/2012

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: T164
Well #: _____
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>Steven Good</u>	Latitude: <u>33 ° 20 ' 35 "</u> Longitude: <u>90 ° 37 ' 27 "</u>
Mailing Address: <u>834 County Road 352</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Greenwood</u> <u>Ms</u> <u>38930</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE 1/4 NE 1/4</u> Sec <u>8</u> TwN <u>17N</u> Rng <u>4W</u>
Telephone No. <u>() -</u>	<u>NW NW</u> Distance Direction Nearest Town
	<u>1</u> Miles <u>West</u> of <u>Inverness</u>

Well / Borehole Data

Date drilling started: 06/11/2012 Date drilling completed: 06/11/2012 Hole depth: 125 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): ☒ No log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other: _____

Name of organization running log(s): _____

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

☐ Seismic Survey ☐ Other (describe) _____

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: _____

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

Static Water Level: 40 feet above or below (check one) ☐ land ☒ surface Date measured: 06/15/2012

Method of Measurement (check one) ☒ steel tape ☐ electric tape ☐ air line ☐ other: _____

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 125 feet

Type of completion (check all applicable): ☒ Gravel packed ☐ Underreamed ☐ Telescoped ☐ Open hole ☐ Natural Development

☐ Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

If well telescopes, show depths on sketch.

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

[illegible]

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.

Landowner Name: Steven Good

Form: OLWR-SWR-1A (04/08)

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.

Patrick Chism 0695

06/16/2012

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLIVER

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
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: T164
Elevation: _____

County: Sunflower
Permit #: GW-45407 45408
Driller: Irrigation Equipment
Date drilling completed: 06/11/2012
Copy information from block on Part 1

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

Owner Name: Steven Good
Mailing Address: 834 County Road 352
Greenwood Ms 38930
City State Zip code
Telephone No. () -

Well Location

Latitude: 33 20' 35 N Longitude: 90 37' 27 W
Method of Lat/Long (check one): ☐ Conventional Survey,
☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 8 9 T 17N R 4W
Distance Direction Nearest Town
1 Miles West of Inverness

Pump Type Check one

☐ Air Lift ☐ Jet ☒ Submersible
☐ Bucket ☐ Piston ☐ Turbine
☐ Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify): _____
Date Pump Installed: 06/15/2012
Rated Pump Capacity 550+/- Gallons Per Minute

Power Type Check one

☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
☒ Electric Motor ☐ Hand ☐ Tractor PTO
☐ Windmill ☐ Other (specify): _____
Horse Power Rating of Motor: 15
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Check one

☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of
_____ feet after _____ hours of pumping

This is for (check one): ☒ New Well ☐ Replacement of Existing Pump ☐ Repair of Existing Pump

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

Patrick Chism 0695
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)

JUN 27 2012

BY: OLWR