| | | State VI | ell Report | For Office Use Only: | |
|---|--|---|---|--|--|
| | | Driller's Log | Aquifer: T/65 | | |
| | - | | t of Environmental Quality | | |
| Permit #: GW-45 4 | | | nd Water Resources | Well #: | |
| | on Equipment | | Box 2309 | L.S. Elevation: | |
| Date drilling completed | : 06/11/2012 | | E-log #: | | |
| (601) (| | (601) (601) (601) (601) | 901-5210 1-5228 (fax) | | |
| St | tate Law requires | that this report be prepared b | by the license holder responsib | ble for the work and filed with the | |
| Department at the above address within 30 days Information on Well Owner | | | Well or Borehole Location | | |
| (Landow | vner if borehole is | not for a water well) | | | |
| Owner Name Steven Good | | Latitude: <u>33</u> ° <u>19</u> ' <u>4</u> | 15 " Longitude: <u>90</u> ° <u>37</u> ' <u>39</u> | | |
| Mailing Address: | 834 County Road 352 | | Method of Lat/Long (check one | e): Conventional Survey, | |
| | · | | USGS quad. X H | USGS quad, X Hand-heid GPS, Survey-grade GPS | |
| | Greenwood | Ms 38930 | | 8 Twn 17N Rng 4W | |
| | City | State Zip code | | | |
| | | | Distance Directio | | |
| Telephone No. | <u>() -</u> | | <u> </u> | vest of Inverness | |
| | ······ | Well / B | lorehole Data | A | |
| | 1 0/144 00040 | | | | |
| Date drilling starte | VI: 06/11/2017 | Data deilling comelated. 06/ | /11/2012 17-1- 1-14. 14 | 77 TT-1- Jt-m-4-m 101 | |
| Date drilling starte | xd: <u>06/11/2012</u> | Date drilling completed: <u>06/</u> | /11/2012 Hole depth: 12 | 27 Hole diameter: 18" | |
| Location of the sou | urce of any surface w | vater used for drilling: Surface | e Water | Hole diameter: 18" | |
| Location of the sou | urce of any surface w | | e Water | 27 Hole diameter: 18" | |
| Location of the sou Method of dosing a Logs run (check al | urce of any surface w and volume of Chlor | vater used for drilling: Surface | e Water | | |
| Location of the sou Method of dosing : Logs run (check al Name of organizat | urce of any surface w and volume of Chlor Il applicable): 🛛 N | vater used for drilling: Surface rine used in drilling and developr to log run Electric Gamm | e Water ment: 50 PPM |] Neutron [] Other: | |
| Location of the sou Method of dosing : Logs run (check al Name of organizat | urce of any surface w and volume of Chlor Il applicable): X N tion running log(s): le (check one): X | vater used for drilling: Surface rine used in drilling and developr to log run Electric Gamm Water Well Geotechnica | e Water ment: 50 PPM ha Ray Density Sonic C al/Geological Investigation |] Neutron [] Other: | |
| Location of the sou Method of dosing : Logs run (check al Name of organizat | urce of any surface w and volume of Chlor Il applicable): X N tion running log(s): le (check one): X | vater used for drilling: Surface rine used in drilling and developr to log run Electric Gamm Water Well Geotechnics Seismic Survey Other | e Water ment: 50 PPM ha Ray Density Sonic Density Sonic (1) al/Geological Investigation (describe) |] Neutron Other: Ground Source Heat Pump | |
| Location of the sou Method of dosing a Logs run (check al Name of organizat Purpose of borehol | urce of any surface w and volume of Chlor Il applicable): X N tion running log(s): le (check one): X If drilling | vater used for drilling: Surface rine used in drilling and develops to log run Electric Gamm Water Well Geotechnics Seismic Survey Other (is not related to water well co | e Water ment: 50 PPM ha Ray Density Sonic C al/Geological Investigation (describe) (describe) onstruction, skip the remainded | Neutron Other: Ground Source Heat Pump | |
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JUN 2 7 2012

BY: OLWR

he 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

T165

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay | Ground level | 22 |
| Fine Sand | 23 | 29 |
| Fine Sand & Gravel | 30 | 60 |
| Medium Sand & Gravel | 61 | 127 |
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If more than one screen, show location of each on sketch

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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: Stev

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.

0695 06/16/2012 **Patrick Chism** Print Name of Responsible Licensee and License No. ature of Licensee Date RECEIVED

JUN 2 7 2012

BY: OLWR

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| , | |
|------------|------------------------------|
| County: | Sunflower |
| Permit #: | GW-45407 |
| Driller: | Irrigation Equipment |
| Date drill | ing completed: 06/11/2012 |
| | formation from block on Part |

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

| For Office Use Only: | | | | |
|----------------------|-------|--|--|--|
| Aquifer: | ····· | | | |
| Well #: | T165 | | | |
| Elevation: | | | | |

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: Steven Good | Latitude: 33 19' 45 N Longitude: 90 37' 39 W | | | | |
| Mailing Address: 834 County Road 352 | Method of Lat/Long (check one): Conventional Survey, | | | | |
| | 🗌 USGS quad, 🛛 Hand-held GPS, 📋 Survey-grade GPS | | | | |
| Greenwood Ms 38930 | SE 1/4 SE 1/4 Sec 8 T 17N R 4W | | | | |
| City State Zip code | Distance Direction Nearest Town | | | | |
| Telephone No. () - | <u>2</u> Miles <u>Southwest</u> of <u>Inverness</u> | | | | |
| Pump Type Check one | Power Type Check one | | | | |
| Air Lift 🗌 Jet 🛛 Submersible | Diesel Engine Gasoline Engine Natural Gas | | | | |
| Bucket Piston Turbine | Electric Motor | | | | |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): | | | | |
| Other (specify): | Horse Power Rating of Motor: 15 | | | | |
| Date Pump Installed: 06/15/2012 | Setting Depth: _70feet | | | | |
| Rated Pump Capacity Gallons Per Minute | Number of Stages: 1 | | | | |
| Pump Test Data | Method of Measuring Water Level Check one | | | | |
| Date Well Tested: | Air Line Electric Measuring Line Steel Tape | | | | |
| Static Water Level (A): Feet Below Land Surface | Other (specify): | | | | |
| Pumping Water Level (B): Feet Below Land Surface | | | | | |
| Drawdown [(B) - (A)]: Feet Below Land Surface | For flowing well, measured shut in head: feet | | | | |
| Test Pumping Rate: Gallons Per Minute | Well yielded GPM with a drawdown of | | | | |
| Duration of Pump Test (minimum 4 hours): hours | 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 of Pump Installer BECEWED | | | | |
| | Form: OLWR-SWR-1C (07-09) | | | | |
| Form provided by Forms On-A-Disk · 214-340-9429 · FormsOnADisk.com | JUN 2 7 2012 | | | | |

BY: OLWR