

County: Tallahatchie
 Permit #: GW-48402
 Driller: Irrigation Equipment Inc.
 Date drilling completed: 02/09/2015

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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: C 132
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>Eula Lockett Trust</u>			Latitude: <u>34 00' 21.7 N</u>	Longitude: <u>90 25' 49.1 W</u>
Mailing Address: <u>1420 Emerald Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Tutwiler</u>	<u>Ms</u>	<u>38963</u>	<u>NW 1/4 SW 1/4, Sec 29 T 25 N R 2 W</u>	
City	State	Zip code		
Telephone No. () -			<u>South</u> of <u>Tutwiler</u>	
			<i>(Distance)</i> Miles <i>(Direction)</i>	<i>(Nearest Town)</i>

Well / Borehole Data

Date drilling started: 02/09/2015 Date drilling completed: 02/09/2015 Hole depth: 122' Hole diameter: 20"

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____

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

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 122' Well grouted to a depth of: 10' feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 82' feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83' 82 feet to 122' feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): Lockett Well and Pump will set the pump

Top of lap pipe or reduction in casing: _____ Feet

If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (4/13)

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Tallahassee

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)

For Office Use Only:

Well #: 0132
Aquifer: _____

County: _____
Permit #: _____
Driller: _____
Date completed: _____

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.

Pump Well

Well Owner Information		Well Location	
Owner Name: <u>Homer Lockett</u>		Latitude: <u>31°02'21.93"N</u>	Longitude: <u>90°25'49.40"W</u>
Owner Name: <u>E. H. Lockett Marital Trust</u>		Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>1420 Emerald Rd. (Dublin)</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City: <u>Jackson</u>	State: <u>MS</u>	Zip Code: <u>38963</u>	1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>(662) 624-2398</u>	Miles <u>0.40</u> of <u>State</u> of <u>Mississippi</u> (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-2-2015 Rated Pump Capacity: 1175 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: 30 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 38' 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
 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: J.M. Geysar Meter Serial Number: 0871676
 Meter Model Number/Name: _____ Type of Meter: G FMS-302 Saddle
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: 7-9-2015 Meter installed by: Lockett Pump & Well Service, Inc.
 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Steve Lockett 7/9/2015
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)