

STATE WELL REPORT

County: TATE
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 8-6-16

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 #: M74
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>BRANT KAMIT</u>	Latitude: <u>34° 31' 35.87" N</u> Longitude: <u>89° 56' 44.16" W</u>
Mailing Address: <u>500 TAN OAKS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SEMPORA MS 38668</u>	<u>SE 1/4 NW 1/4, Sec 9 T6S R7W</u>
City: _____ State: _____ Zip Code: _____	<u>4</u> Miles <u>SE</u> of <u>SEMPORA</u>
Telephone No. <u>662-501-200</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-6-16 Date drilling completed: 8-6-16 Hole depth: 143 Hole diameter: 8"

Location of the source of any surface water used for drilling: _____

Method of casing and volume of Chlorine used in drilling and development: 2 pps

Logs run (circle all applicable): No-log run _____ Electric _____ Gamma-Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle 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: 74 feet above or below land surface (circle one) Date measured: 8-6-16

Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): LINE + WEIGHT

Well depth: 143 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 133 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 3 #10s. inches Setting depth: From: 133 feet to 146 1/3 feet

Type of completion (circle all applicable): Gravel packed Underreamed _____ 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

Received
 FORM OLWR-SWR-1A (4/13)

AUG 25 2016

By OLWR

STATE WELL REPORT

County: TATE
 Permit #: _____
 Driller: Bob Smith
 Date completed: 8-6-16
Copy information from Block on Part 1

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) 961-5260
 (601) 368-6535 (fax)

For Office Use Only:

Well #: M74
 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>BARRY KAMIT</u>	Latitude: <u>34°34'35.87"N</u> Longitude: <u>89°41'44.16"W</u>
Working Address: <u>500 TAM O'NEALS</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>SENATODIA MS 38668</u>	<input type="checkbox"/> HSES quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4, Sec 19 T 65 R 7W</u>
Telephone No. <u>(662) 501-2000</u>	<u>4</u> miles <u>S/E</u> of <u>SENATODIA</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-6-16 Rated Pump Capacity: 22 Gallons Per Minute

Is This Pump (circle one): New Replaced Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Motor Power Rating of Motor: 1 1/2 HP Sizing Depth: 100 feet Number of Stages: 1

Pump Test Data for Non-Flowing Well

Date Well Tested: 8-6-16 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 79 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: 25 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): LINE + W216K

Pump Test Data for Flowing Well

Measured shut-in head: _____ feet

Well yielded 25 GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Installer Register Unit and Multiplier Factor (AF x 101, gal x 1000, etc.): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Replaced 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 MSDEQ website.

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

Bob Smith 0045 8-21-16 [Signature] **Received**

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

FORM 01-100-012 (8/13)
 AUG 25 2016

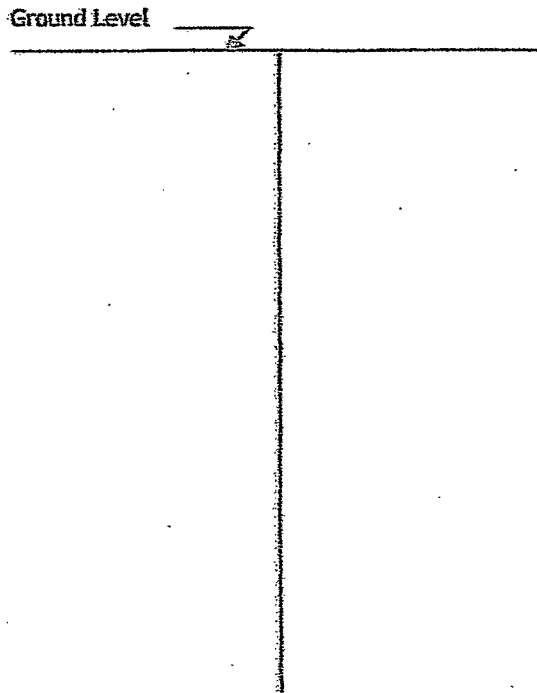
By OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: M7A

The sketch below only required for water wells

If well telescopes, show depths on sketch



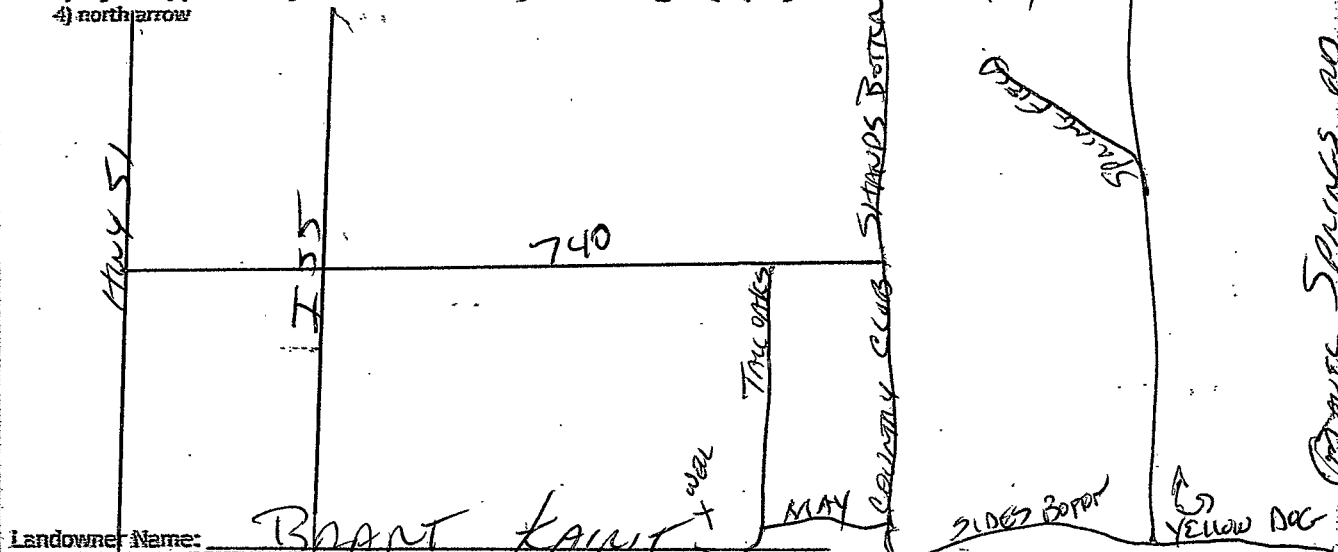
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	0	5
Red CLAY	5	22
GRAVEL	22	50
WHITE CLAY	50	100
WHITE SAND - CLAY	100	130
WHITE SAND	130	143
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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: BRANT KAMIT

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.

BOB SMITH 0645 8-21-16 *[Signature]*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee