

STATE WELL REPORT

County: TIPAH
 Permit #: 565
 Driller: WOOD WELL JOHN LAK
 Date drilling completed: 7-15-14

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 #: AAC
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BRANDON GUNN</u>	Latitude: <u>34 58 24</u> Longitude: <u>88 56 40</u>
Mailing Address: <u>2201 CR 116</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WALNUT</u> <u>MS</u> <u>38683</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4, Sec 25 T 15 R 3 E</u>
Telephone No. <u>(662) 415-3944</u>	<u>1</u> Miles <u>NORTH</u> of <u>WALNUT</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-14-14 Date drilling completed: 7-15-14 Hole depth: 280' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: DIRECT

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: 80 feet [above or below] land surface Date measured: 7-17-14
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): PVC PIPE

Well depth: 280' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 270 feet to 280 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

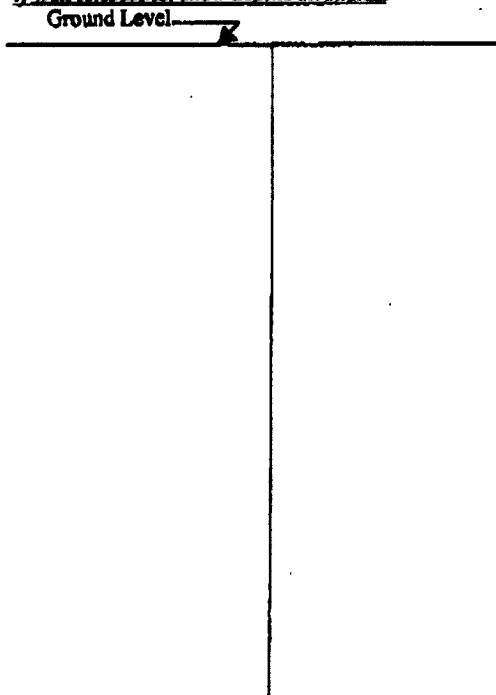
Top of lap pipe or reduction in casing: NA feet

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

The sketch below only required for water wells

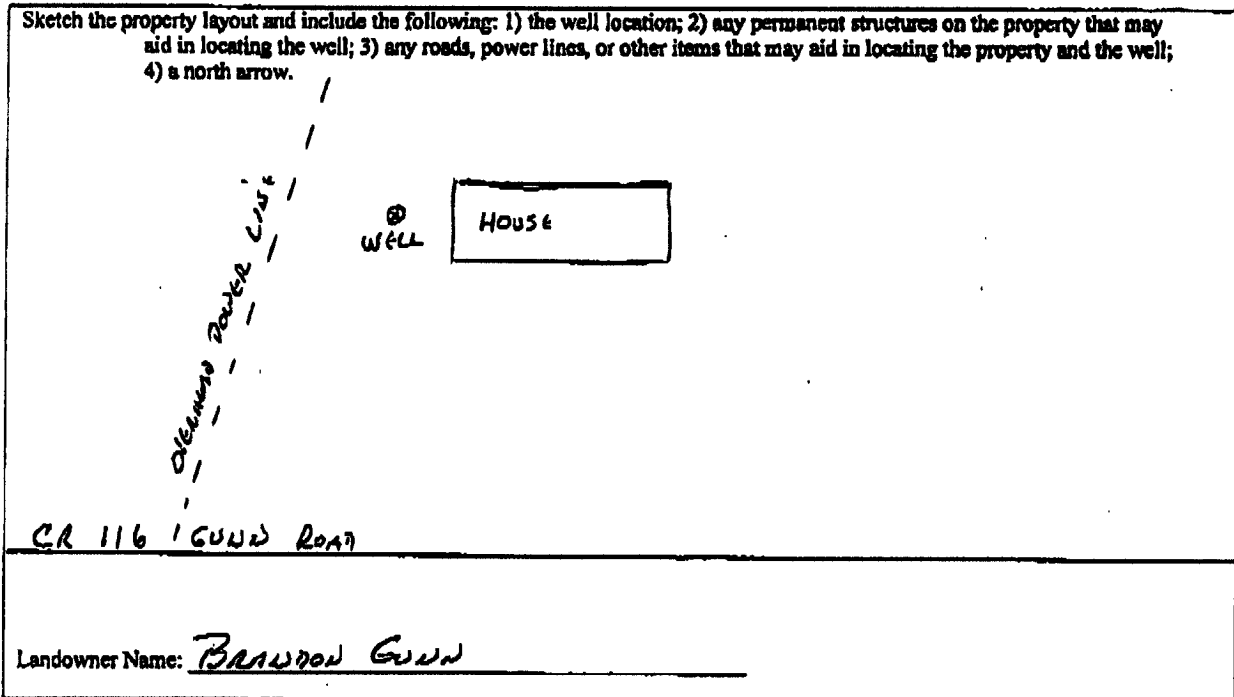
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL / RED SAND / WHITE CLAY	Ground Level	20
BLUE CLAY	20	40
GRAY CLAY	40	56
ROCK	56	62
GRAY CLAY	62	80
GRAY CLAY	80	100
GRAY CLAY / YELLOW CLAY	100	120
GRAY CLAY	120	160
ROCK	160	165
GRAY CLAY	165	180
GRAY CLAY / YELLOW CLAY	180	200
GRAY CLAY	200	215
ROCK	215	235
YELLOW CLAY	235	240
ROCK	240	260
GREEN SAND / ROCK	260	280

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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.

Rodney D Wilson 0-418 7-24-14
 Print Name of Responsible Licensee and License No. Date

R. D. Wilson
 Signature of Licensee

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)

County: TIPAH
 Permit #: 565
 Driller: Rowan - Lewis
 Date completed: 7-15-14
 Copy information from block on Part 1

For Office Use Only:
 Well #: A40
 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>BRANDON GUNN</u>			Latitude: <u>34-58-24</u> Longitude: <u>88-56-40</u>		
Mailing Address: <u>2201 CR 116</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Walnut</u> State: <u>Ms</u> Zip Code: <u>38683</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
Telephone No. (662) <u>415-3744</u>			<u>NW 1/4 NW 1/4</u> , Sec <u>25</u> T <u>15</u> R <u>3E</u>		
			<u>1</u> Miles <u>North</u> of <u>Walnut</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-17-14 Rated Pump Capacity: 12-14 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: 1 HP Setting Depth: 180 feet Number of Stages: 10

Pump Test Data for Non Flowing Well
 Date Well Tested: 7-17-14 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface
 Drawdown [(B) - (A)]: 100 Feet Below Land Surface Test Pumping Rate: 12-14 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): PVC Pipe

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: _____ 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Rowan D. Wilson 0-418 7-24-14 Rowan D. Wilson
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Rowan D. Wilson