

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 #: 097
Aquifer: _____
E-Log #: _____

County: Union
Permit #: _____
Driller: Stanley Wilson
Date drilling completed: 9-19-13

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>Jay Potts</u>	Latitude: <u>N 34° 27.054'</u> Longitude: <u>W 089° 06.638'</u>
Mailing Address: <u>1071 County Road 58</u>	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Myrtle</u> <u>MS</u> <u>38650</u>	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>29</u> T <u>07S</u> R <u>02E</u>
City State Zip Code	<u>8</u> Miles <u>W</u> of <u>New Albany</u>
Telephone No. <u>(662) 316-5816</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-9-13</u> Date drilling completed: <u>9-19-13</u> Hole depth: <u>360</u> Hole diameter: <u>7 7/8</u>
Location of the source of any surface water used for drilling: <u>Fire hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>0</u>
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>140</u> feet [above or <u>below</u> land surface] (circle one) Date measured: <u>9-20-13</u>
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>360</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>320</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40 PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40 PVC</u>
Screen slot size: <u>10</u> inches Setting depth: From <u>320</u> feet to <u>360</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Pentatec Union

Permit #: _____

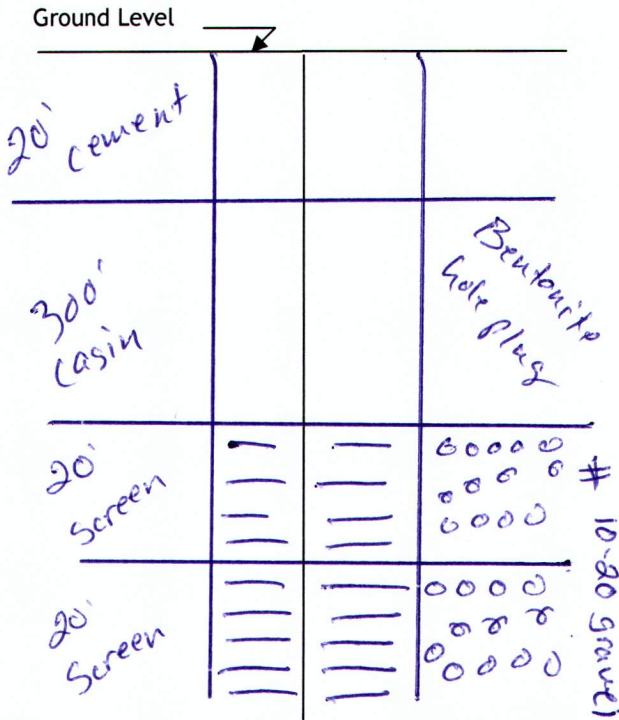
For Office Use Only:

Well #: 697

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

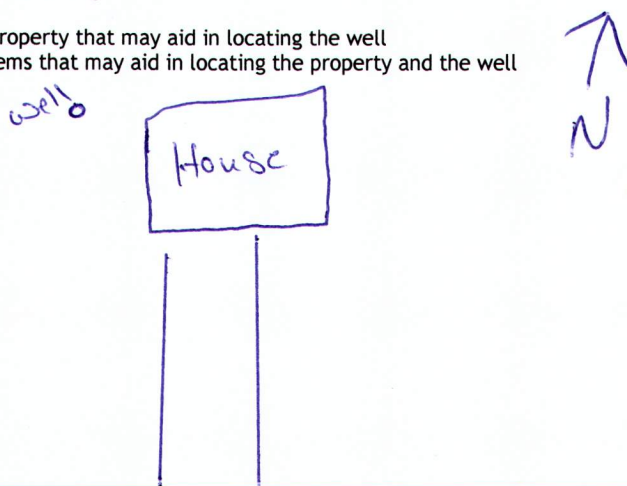


Description of Formations Encountered	From (depth)	To (depth)
Top	Ground level	8
Clay	8'	300'
Rock	300	303
Sand	303	360

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



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 BY: OLWR

Hwy 30 west from New Albany

Landowner Name: Jay Potts

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.

Stanley Wilson WR-00004589
 Print Name of Responsible Licensee and License No.

9-30-13
 Date

Stanley 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)

For Office Use Only:

Well #: 697
 Aquifer: _____

County: Union
 Permit #: _____
 Driller: Stanley Wilson
 Date completed: 9-19-13
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	Well Location
Owner Name: <u>Jay Potts</u>	Latitude: <u>N34°27.054'</u> Longitude: <u>W089°06.638'</u>
Mailing Address: <u>1071 County Road 58</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Myrtle</u> <u>MS</u> <u>38650</u>	_____ 1/4 _____ 1/4, Sec. <u>29</u> T. <u>07S</u> R. <u>02E</u>
City State Zip Code	<u>8</u> Miles <u>W</u> of <u>New Albany</u>
Telephone No. <u>(601) 316-5816</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9-20-13 Rated Pump Capacity: 12 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 Setting Depth: 200 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 9-20-13 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 10 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 10 GPM with a drawdown of 20 feet after 8 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.

Stanley Wilson WR-00004589 9-30-13 Stanley Wilson

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