

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

County: WASHINGTON
Permit #: GW-45703V
Driller: J. NEWCOME 0.773
Date drilling completed: 6.25.2012

For Office Use Only:
Aquifer: A 249
Well #: _____
L. S. Elevation: _____
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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|--|---|
| Owner Name: <u>Winn Jr., Eustace H., Estate</u> Mailing Address: <u>1391 East Reed Road</u> <u>Greenville MS 38701</u> City State Zip Code Telephone No. () _____ | Latitude: <u>33.29.21</u> " Longitude: <u>91.05.48</u> " Method of Lat/Long (circle one): Conventional Survey, <u>30</u> <u>43</u> USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>IR</u> 1/4 <u>IR</u> 1/4 Sec <u>19</u> Twn <u>19N</u> Rng <u>09W</u> NE SE Distance Direction Nearest Town <u>5.5</u> Miles <u>N</u> of <u>GREENVILLE</u> |

Well / Borehole Data

Date drilling started: 6.25.12 Date drilling completed: 6.25.12 Hole depth: 102 Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

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

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 60 feet to 100 feet

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

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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)

County: WASHINGTON
 Permit #: GW - 45703
 Driller: S. NEWCOME 0-773
 Date completed: 6-25-2012
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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: <u>EUSTACE H WINN JR ESTATE</u> | Latitude: <u>33° 29' 21"</u> Longitude: <u>91° 05' 40"</u> |
| Mailing Address: <u>1391 EAST REED RD</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ |
| <u>GREENVILLE MS 38701</u> | <u>IR</u> ¼ <u>IR</u> ¼ Sec <u>19</u> T <u>19N</u> R <u>04W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>5.5</u> Miles <u>N</u> of <u>GREENVILLE</u> |
| Telephone No. (____) _____ | |

| Pump Type | Power Type |
|--|--|
| Circle one | Circle one |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6/30/12</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2000</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|--|
| | Circle one |
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

This is for (circle 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.

Cony Rowe 0-711P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C-(07-09)

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