HUDDLESTON · SHANNON 112451

County: WASHINGTON
Permit #: GW-46812
Driller: J. NEWCOME 0773
Date drilling completed: 3.22.14

# 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 #: A 261
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)*

Owner Name: Elizabeth Walker Shannon Irr. Trust
Mailing Address: 516 Metcalfe Road
Greenville MS 38703
City State Zip Code
Telephone No. (____) ____

**Well or Borehole Location**

Latitude: 33° 28' 12" Longitude: 091° 00' 13"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NW ¼ NW ¼, Sec 26 T 19N R 08W
4 Miles NE of GREENVILLE
(*Distance*) (*Direction*) (*Nearest Town*)

**Well / Borehole Data**

Date drilling started: 3.22.14 Date drilling completed: 3.22.14 Hole depth: 112 Hole diameter: 24"
Location of the source of any surface water used for drilling: CREEK
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 (*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: ____ feet [above or below] land surface (*circle one*) Date measured: ____
Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*): ____
Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement Bentonite Mix
Casing length: 70 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 70 feet to 110 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***

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

County: _____

Permit #: _____

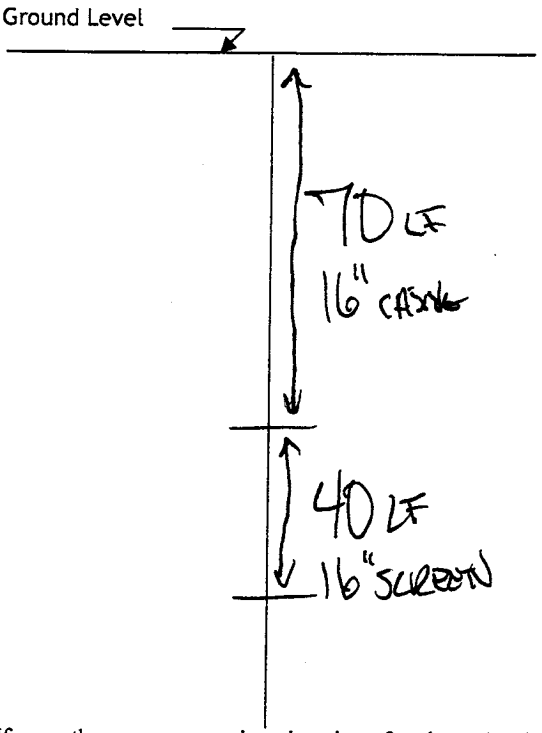
**For Office Use Only:**

Well #: _____

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

Ground Level




If more than one screen, show location of each 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 | Ground level | 10 |
| CLAY | 10 | 35 |
| MIX | 35 | 40 |
| SAND | 40 | 55 |
| MEDIUM/FAIR | 55 | 75 |
| COARSE/PEBBLES | 75 | 110 |
| BOTTOM | 110 | 112 |
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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

SEE MAP

Landowner Name: _____

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.

| JOHN HEWCOME | 3.22.14 | |
|---|---|---|
| Print Name of Responsible Licensee and License No. | Date | Signature of Licensee |

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

# 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: Washington
Permit #: GW-46812
Driller: J. Newcome 0.773
Date completed: 3.22.14
*Copy information from block on Part 1*

**For Office Use Only:**
Well #: A261
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**

Owner Name: Elizabeth Walker Shannon
Mailing Address: 516 Metcalfe Rd
Greenville MS 38703
City State Zip Code
Telephone No. (____) _____

**Well Location**

Latitude: 33 28 12 Longitude: 91 00 13
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NW ¼ NW ¼, Sec 26 T 19N R 08W
4 Miles NE of Greenville
(Distance) (Direction) (Nearest Town)

**Pump Type** (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 3.25.14 Rated Pump Capacity: 2000 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: 50 hp Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: Not Tested Duration of Pump Test (*minimum 4 hours*): _____ hours
Static Water Level (A): _____ 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 Not Tested
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

**Meter Installation**

Meter Manufacturer: No Meter 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.

Hubbard Stephens 741-P 4/9/14 [signature]
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-1B (*4/13*)