

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)

For Office Use Only:

Aquifer: E 209
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-45372 ✓
Driller: J. NEWCOME 0.773
Date drilling completed: 6.27.2012

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>The Walt Irrevocable trust</u>	Latitude: <u>33° 24' 25"</u> Longitude: <u>90° 55' 05"</u>
Mailing Address: <u>5400 Poplar Avenue</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 1000</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Memphis TN 38119</u>	<u>NW 1/4 SW 1/4 Sec 15 ✓ Twn 18N ✓ Rng 07W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>.75</u> Miles <u>W.</u> of <u>LELAND</u>

Well / Borehole Data

Date drilling started: 6.27.12 Date drilling completed: 6.27.12 Hole depth: 107 Hole diameter: 24^a

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

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

Casing length: 65 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 65 feet to 105 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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E209

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-45372
Driller: S. NEWLOME 0-773
Date completed: 6-27-2012
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>THE WALT IRREVOCABLE TRUST</u>	Latitude: <u>33° 24' 25"</u> Longitude: <u>90° 55' 05"</u>
Mailing Address: <u>5400 POPLAR AVE</u> <u>SUITE 1000</u> <u>MEMPHIS TN 38119</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW ¼ SW ¼ Sec 15 T 18N R 07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>.75</u> Miles <u>W</u> of <u>LELAND</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>7/4/12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>1</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.

Comp Rowe 0-711P Print Name of Pump Installer and License No. (if applicable) [Signature] Signature of Pump Installer

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