

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 #: G 41

Aquifer: _____

E-Log #: _____

County: Yalobusha
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 4-17-16

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.

<p>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>R.C. Vaughn</u> Mailing Address: <u>12526 CR 436</u> <u>Coffeville MS 38922</u> City State Zip Code Telephone No. <u>(662) 458-2018</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 02' 10" N</u> Longitude: <u>89° 40' 22" W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SW 1/4 NE 1/4, Sec 16 T25N R6E</u> <u>4</u> Miles <u>E</u> of <u>Coffeville MS</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 4-17-16 Date drilling completed: 4-17-16 Hole depth: 184' Hole diameter: 3"

Location of the source of any surface water used for drilling: Nearby pond

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: 80 feet (above or below) land surface Date measured: 4-17-16

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic water level meter

Well depth: 184 Well grouted to a depth of: 12 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 164 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 140 feet to 160 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 0 feet

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

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County: Yalobusha
Permit #: _____

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Well #: 641

The sketch below only required for water wells
If well telescopes, show depths on sketch.

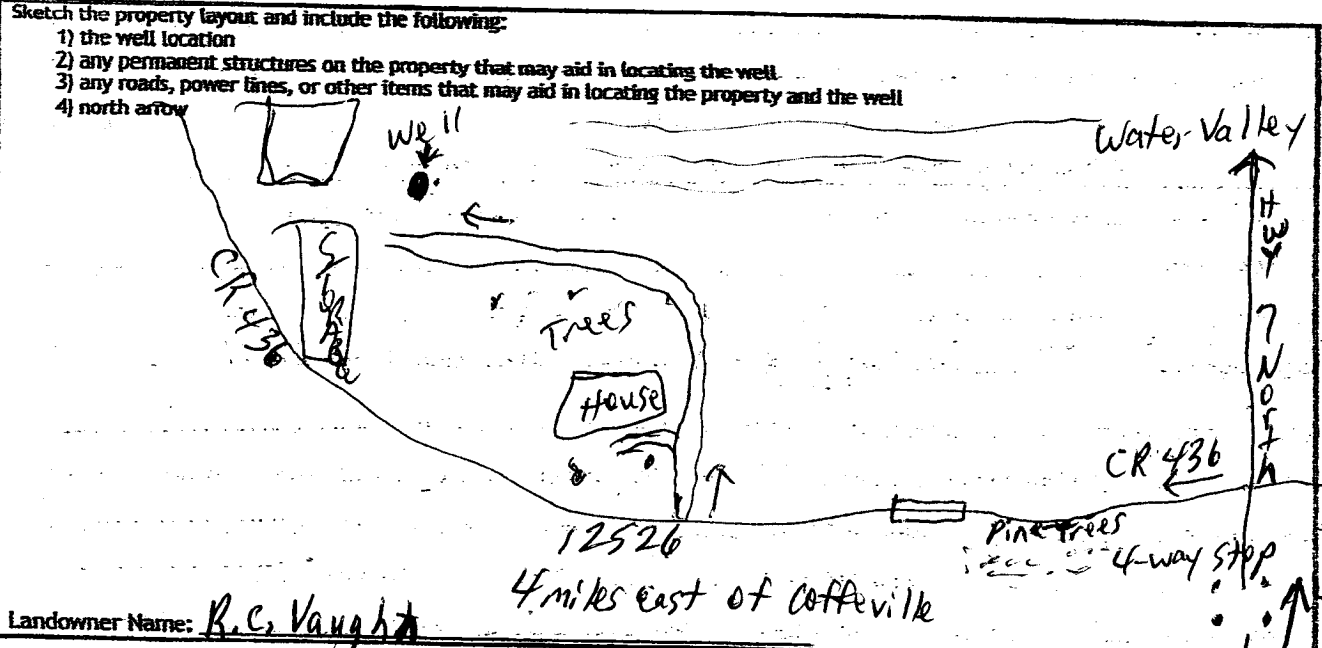
Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Top soil & Red sand	Ground level	20
Red sand	20	35
White sand & clay	35	60
White sand	60	160
grayish-white sand	160	184

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



Landowner Name: R.C. Vaughn

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.

Willie L. Bryant 0-639 5-2-16 Willie L. Bryant
Print Name of Responsible Licensee and License No. Date 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: Yalobusha
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 4-18-16
Copy information from block on Part 1

For Office Use Only:

Well #: 2411
 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>R.C. Vaughn</u>	Latitude: <u>34°02.10' N</u> Longitude: <u>089°40.22' W</u>
Mailing Address: <u>12526 CR 436</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Coffeville</u> <u>MS</u> <u>38614</u>	_____ 1/4 _____ 1/4, Sec <u>16</u> T <u>25 N</u> R <u>6 E</u>
City State Zip Code	<u>4</u> Miles <u>E</u> of <u>Coffeville MS</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-18-16 Rated Pump Capacity: 1.0 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: 2 Setting Depth: 160 feet Number of Stages: 20

Pump Test Data for Non Flowing Well

Date Well Tested: 4-18-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 83 Feet Below Land Surface

Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 14 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic water level meter

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 14 GPM with a drawdown of 3 feet after 4 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

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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.

Willie L. Bryant 0-639 5-2-16 Willie L. Bryant

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