

County: Alcorn
 Permit #: _____
 Driller: Parks & Parks
 Date drilling completed: 12/24/13

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: _____
 Well #: E 23
 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>JACKIE STEWART</u>	Latitude: <u>34.907 ° 020'</u> Longitude: <u>88 ° 775' 709"</u>
Mailing Address: <u>611 CR 600</u> <u>WALNUT, MS 38683</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 SE 1/4 Sec 16 Twn 25 Rng 53</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>7 1/2 Miles SE of WALNUT, MS</u>

Well / Borehole Data

Date drilling started: 12/19/13 Date drilling completed: 12/24/13 Hole depth: 220 Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: SPAM

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: 126' feet above or below (circle one) land surface Date measured: 12/24/13

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

Well depth: 220 Well grouted to a depth of _____ feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .014 inches Setting depth: From 180' feet to 220' 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*

AK

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)

For Office Use Only:

Aquifer: _____
 Well #: E 23
 Elevation: _____

County: Alcorn

Permit #: _____

Driller: Raymond Parks

Date completed: 12/24/13

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>JACKIE STEWART</u>	Latitude: <u>34.907020</u> Longitude: <u>88.775709</u>
Mailing Address: <u>611 CR 600</u> <u>WALNUT, MS 38683</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____ <u>N 5 1/4 SE 1/4 Sec 16 T 25 R 5 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>7 1/2 Miles SE of WALNUT, MS</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" 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>3/4</u>
Date Pump Installed: <u>12/26/13</u>	Setting Depth: <u>210'</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/26/13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>126</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>154</u> 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): <u>4</u> 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.

Raymond Parks 0414 12/26/13
 Print Name of Pump Installer and License No. (if applicable)

Raymond Parks
 Signature of Pump Installer

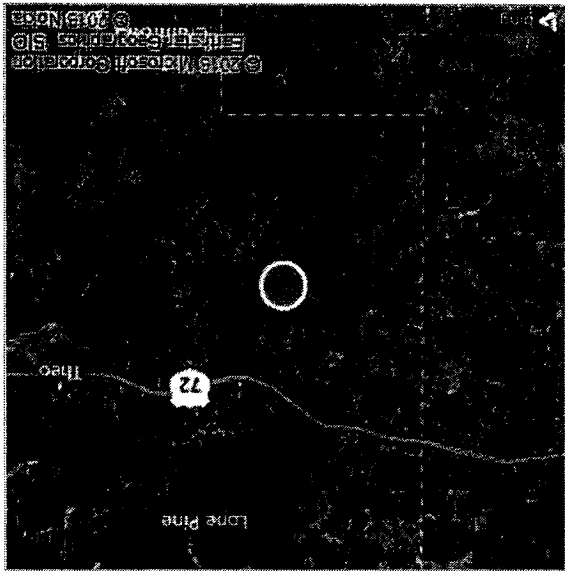
EXB



34.90702, -88.775709

JACKIE STEWART
611 CR. 600
WALNUT, MS 38683
34.907020 -88.775709

On the go? Use m.bing.com to find maps, directions, businesses, and more.

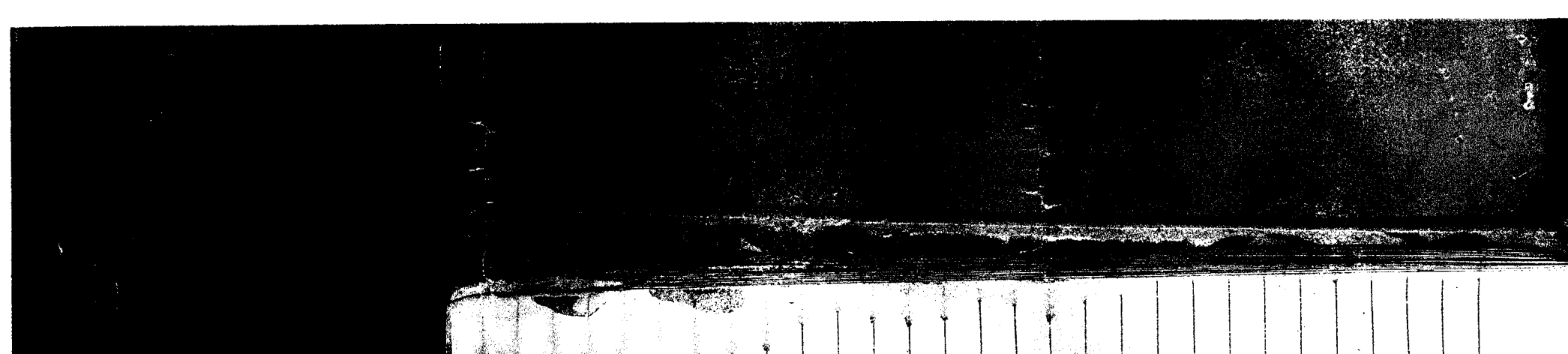


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7141

Completion 7653

L CR 7131