

For Office Use Only:

Agent: H 149

Well #: _____

L.S. Division: _____

Roll #: _____

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Adams

Driller: STROUD

Date drilling completed: 2/25/11

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 of borehole is not for a water well)

Owner Name: CHAS. CUMMINGS
 Mailing Address: PO Box 2726
Adams, MS 38835
 City: _____ State: _____ Zip Code: _____
 Telephone No. () _____

Latitude: 34° 51.36' Longitude: 88° 27.36'

Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS

Distance _____ Direction _____ of _____
North Pole

Date drilling started: 2/25/11 Date drilling completed: 2/25/11 Hole depth: 150' Hole diameter: 4"

Location of the source of any surface water used for drilling and development: WIND

Method of casing and volume of Chlorine used in drilling and development: None

Logs run (circle all applicable): No log run Electric Camera Run Density Sonic Neutron Other

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
(If drilling is not related to water well construction, state the purpose of this borehole)

Scientific Survey Other (describe) _____

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: 48 feet above or below (circle one) land surface
 Date measured: 3/3/11

Method of Measurement (circle one): static tape electric tape air line other: PVC 40' lbs

Well depth: 150 feet
 Well grouted to a depth of 10 feet
 Type of grout (circle one): Neat Cement Bentonite Mix

Casing diameter: 4" inches
 Type of casing: PVC

Screen length: 10 feet
 Screen diameter: 4" inches
 Type of screen: PVC

Screen slot size: 013 inches
 Setting depth: From 140 feet to 150 feet

Type of completion (circle all applicable): Gravel pack Underdrained Telescoped Open hole Natural Development
 Other (describe): _____

Top of top pipe or reduction in casing: _____ feet. *(If blank, record at which depth screen and screen described on next page)*

Form: OLWR-SWR-1A

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FROW-LAND & WATER

601-364-6888

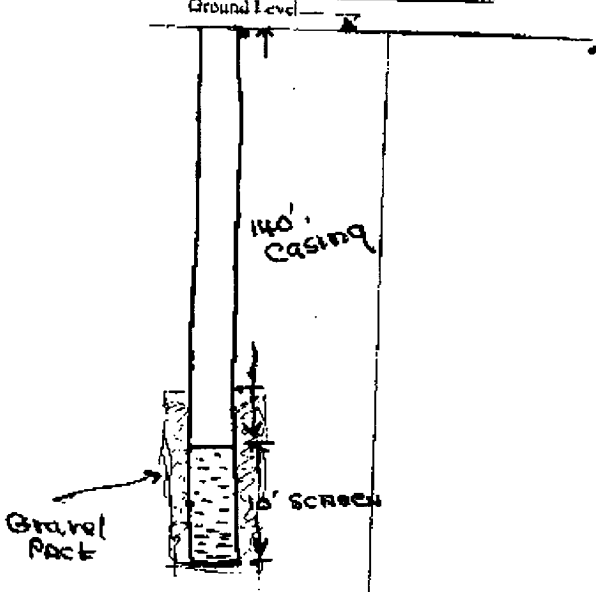
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The sketch below only required for water wells

If well is cased, show casing on sketch



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

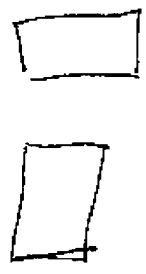
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
RED SAND	Ground Level	50
CLAYE SAND	50	55
CLAY	55	65
SANDY CLAY	65	100
SAND	100	115
CLAY	115	120
RED SAND	120	150

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) a north arrow.

Address of well location

Onnie Cummings
10 CR 329 B
Covington, MS 38835



Landowner Name: _____

I 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.

Bernard Frost - 0217 3-11-11
Print Name of Responsible Licensee and License No. Date

Bernard Frost
Signature of Licensee

Form: OLWR-SWR-1A

MAR-23-05 07:53

FROM: LAND & WATER

601-354-6998

T-097 - P.03

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Clayton
 Permit #: _____
 Driller: Frost
 Date completed: 3/3/11
 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 this 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>Ornie Cunningham</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>PO Box</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Corinth MS 39025</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>33</u> T. <u>25</u> R. <u>8E</u>		
Telephone No. () _____	Distance _____	Direction _____	Nearest Town _____
	<u>6</u> Miles <u>E</u> of <u>Corinth</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowlog Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>3/4</u>		
Date Pump Installed: <u>3/3/11</u>			Setting Depth: <u>80'</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3/3/11</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>		
Pumping Water Level (B): <u>80</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: <u>12</u> Gallons Per Minute			
Duration of Pump Test (minimum 4 hours): _____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bernard Frost - 0217 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer