

County: Amite
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 9-17-09

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: FGO
 Well #: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Debra Holwood</u>	Latitude: <u>31° 11' 19"</u> Longitude: <u>90° 0' 51"</u>
Mailing Address: <u>P.O. Box 16</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Y. L. State MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39638</u>	<u>NW 1/4 NE 1/4 Sec 39 Twn 34 Rng 2E</u>
City: <u>601</u> State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Shooter</u>
Telephone No. () <u>225-4172</u>	

Well / Borehole Data

Date drilling started: 9-17-09 Date drilling completed: 9-17-09 Hole depth: 130 Hole diameter: 7

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

Method of dosing and volume of Chlorine used in drilling and development: 2 lb shock

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: 60 feet above or below (circle one) land surface Date measured: 9-17-09

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 110 feet to 130 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*

Form: OLWR-SWR-1A (04/08)

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 BY: OLWR

JAMES WELLS D-586

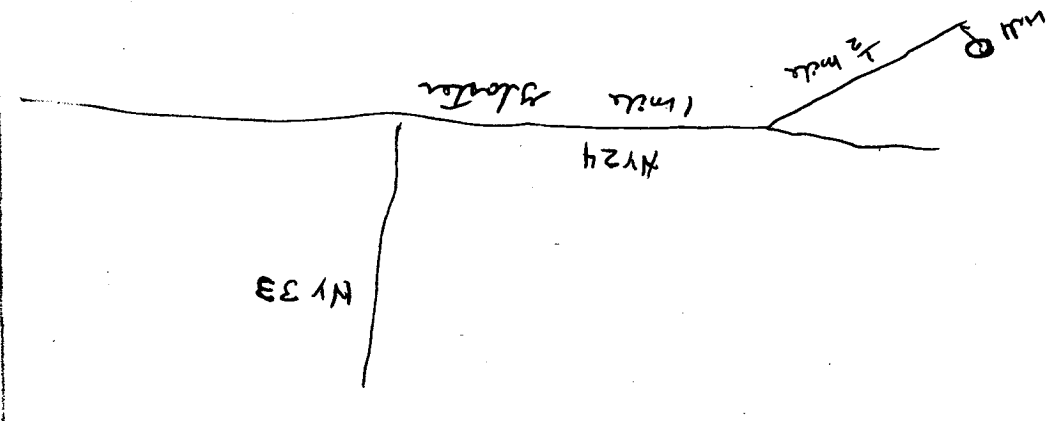
James Wells

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

Form: OLWR-SWR-1A (04/08)

Landowner Name:

Dolma N. Wood



N 33

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.

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	45	90
Sand	95	125
Gravel	130	150
Ground Level	0	0

If well telescopes, show depths on sketch.

The sketch below only required for water wells

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

F 60

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: Ornate
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 9-17-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: F60
 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>Debra Nabwood</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 16</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Glaster MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____ <u>39638</u>	_____ 1/4 _____ 1/4 Sec <u>39 T 34 R 2E</u>
City State Zip Code	Distance Direction Nearest Town
<u>601</u> _____ <u>2254172</u>	<u>2</u> Miles <u>West</u> of <u>Glaster</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-17-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-17-09</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>60</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

JAMES WELLS 0-586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SW-10 (10/08)
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