

County: Amite
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 7-14-10

State Well Report
Part I - 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: H72
 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>Kelvin Sterling</u>	Latitude: <u>31° 11' 41"</u> Longitude: <u>90 49' 58"</u>
Mailing Address: <u>4160 Sterling Ln. Liberty MS 39645</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 SW 1/4 Sec <u>29</u> Twn <u>4</u> Rng <u>4E</u>
Telephone No. (<u>601</u>) <u>8103695</u>	Distance <u>4</u> Miles Direction <u>EAST</u> of Nearest Town <u>Liberty</u>

Well / Borehole Data

Date drilling started: 7-14-10 Date drilling completed: 7-14-10 Hole depth: 280 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: 3 lb. Shank

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: 140 feet above or below (circle one) land surface Date measured: 7-14-10

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 260 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 260 feet to 280 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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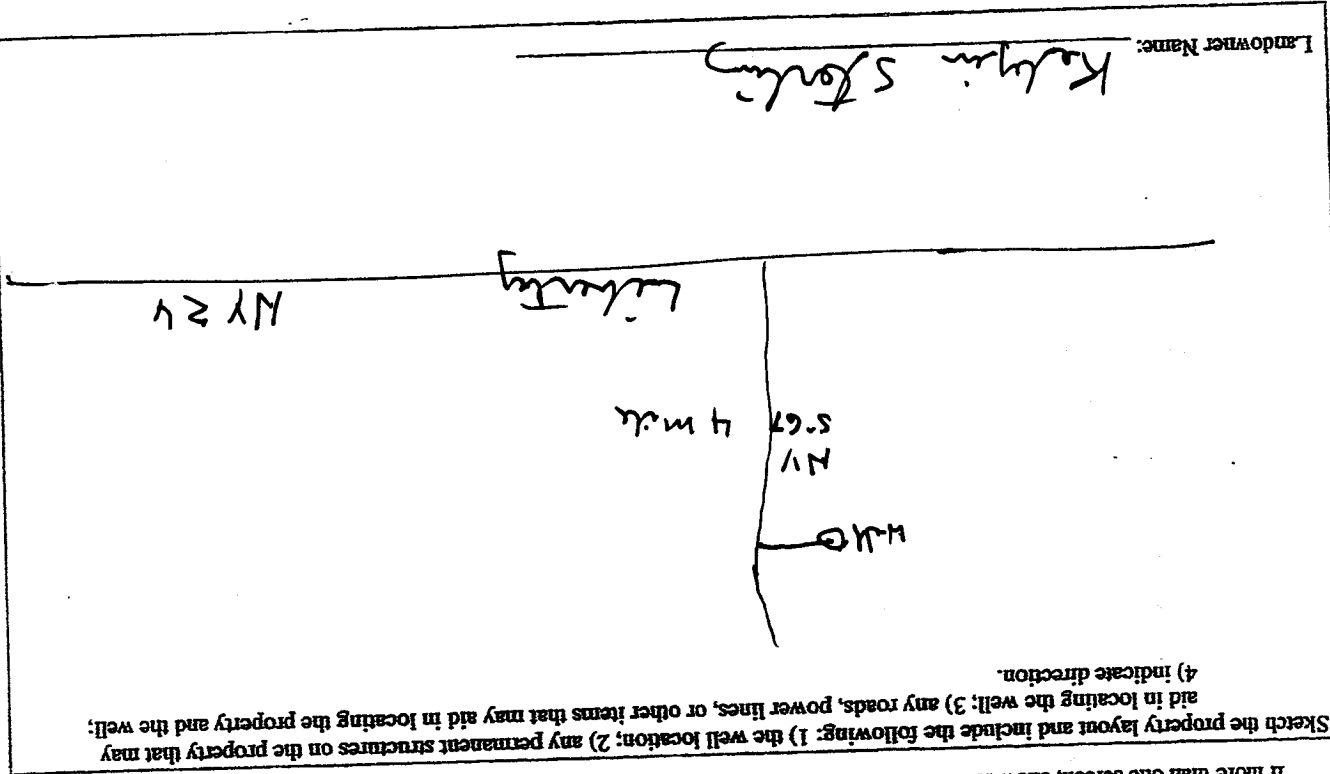
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 BY: OLMR

Signature of Water Well Contractor

James Wells

Landowner Name:

Kathryn Storking



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

Description of Formations Encountered		From	To
Top Soil		0	2
Clay		2	40
Gravel		40	80
Clay		80	230
Sand		230	280

H72

Ground Level

If well telescopes please sketch below and show depths.

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: Amite
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 7-14-10

For Office Use Only:
 Aquifer: H72
 Well #: _____
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information
 Owner Name: Robin Sterling
 Mailing Address: 4160 Sterling Ln
Liberty MS 39645
 City: _____ State: _____ Zip Code: 39645
 Telephone No. (601) 810 5695

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 _____ 1/4 Sec 29 Twn 3h Rng 4 E
 Distance _____ Direction _____ Nearest Town _____
4 Miles EAST of Liberty

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 7-14-10
 Rated Pump Capacity: 15 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
 Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 1 _____
 Setting Depth: 180 feet
 Number of Stages: 14

Pump Test Data
 Date Well Tested: 7-14-10
 Static Water Level (A): 140 Feet Below Land Surface
 Pumping Water Level (B): 180 Feet Below Land Surface
 Drawdown (B) - (A): 160 Feet Below Land Surface
 Test Pumping Rate: 15 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one
 Air Line _____ Electric Measuring Line _____ Steel Tape _____
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 140 feet after 4 hours of pumping
15 GPM with a drawdown of _____

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)
James Wells
 Signature of Pump Installer

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 AUG 12 2010
 BY: OLWR