

Whittington et al #1

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: P 105
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: John W Thompson
Date drilling completed: 7-31-12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Day Dreams Resources</u>	Latitude: <u>31.10.11</u> " Longitude: <u>90.37.50</u> "
Mailing Address: <u>P.O. Box 101</u> <u>Natchez MS 39121</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>SW 1/4 NW 1/4</u> Sec <u>5</u> Twn <u>2N</u> Rng <u>16E</u>
	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Glading</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply

Date well drilling started: 7-30-12 Date well drilling completed: 7-31-12

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-31-12

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

Hole depth: 170 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting depth: From 140 feet to 160 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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BY: OLWR

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: John W Thompson
 Date completed: 7-31-12
 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 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
 Owner Name: Day Dreams Resources
 Mailing Address: P.O. Box 101
Natchez MS 39121
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 31°10'11" Longitude: 90°37'50"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 5 T 2 N R 6 E
 Distance Direction Nearest Town
2 Miles N of Glading

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7-31-12
 Rated Pump Capacity: 85 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: 7.5
 Setting Depth: 140 feet
 Number of Stages: _____

Pump Test Data
 Date Well Tested: 7-31-12
 Static Water Level (A): 50 Feet Below Land Surface
 Pumping Water Level (B): 106 Feet Below Land Surface
 Drawdown [(B) - (A)]: 56 Feet Below Land Surface
 Test Pumping Rate: 100 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 100 GPM with a drawdown of
56 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John W Thompson 0-679 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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 BY OLWE