

County: Benton
 Permit #: _____
 Driller: JOHN LAW
WILSON Well Co.
 Date drilling completed: 5-18-06

State Well Report

Part 1 - 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)

For Office Use Only:
 Aquifer: _____
 Well #: C-29
 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>JENISE SAUCEM</u>	Latitude: <u>34° 58' 45"</u> Longitude: <u>89° 01' 28"</u>
Mailing Address: <u>133 LAKESIDE DRIVE</u>	Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>17</u>
<u>WACOUT</u> <u>MS</u>	USGS quad, Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 30</u> Twn <u>T15</u> Rng <u>R3E</u>
Telephone No. <u>(662) 223-6580</u>	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>WACOUT</u>

Well / Borehole Data

Date drilling started: 5-18-06 Date drilling completed: 5-18-06 Hole depth: 255 Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC WATER SALLY
 Method of dosing and volume of Chlorine used in drilling and development: 50PPM - 1 liter

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: 215' feet above or below (circle one) land surface Date measured: 5-18-06

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

Well depth: 255' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 245' feet Casing diameter: 4 inches Type of casing: PESTIC PVC

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

Screen slot size: 1010 inches Setting depth: From 245' feet to 255' 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: NA feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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: Benton
 Permit #: _____
 Driller: JOHN CAY
WYSON Well Co.
 Date completed: 5-18-06
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-29
 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>JENISE SUDCIA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>193 CARLENE JAVI</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WALNUT</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>T15</u> R <u>R3E</u>
Telephone No. <u>(662) 223-6550</u>	Distance _____ Direction _____ Nearest Town <u>(WALNUT)</u>
	<u>5</u> Miles <u>N</u> of <u> Hwy 72</u>

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>3/4 HP</u>
Date Pump Installed: <u>5-15-06</u>	Setting Depth: <u>225'</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-15-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>215</u> Feet Below Land Surface	Other (specify): <u>PVC Plastic Pipe</u>
Pumping Water Level (B): <u>235</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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


Reyna Wilson 0-418 Ray A. Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

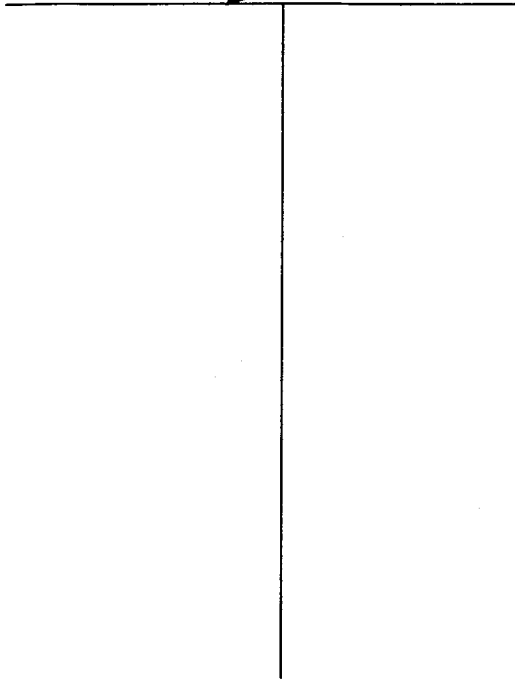
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C-29

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 

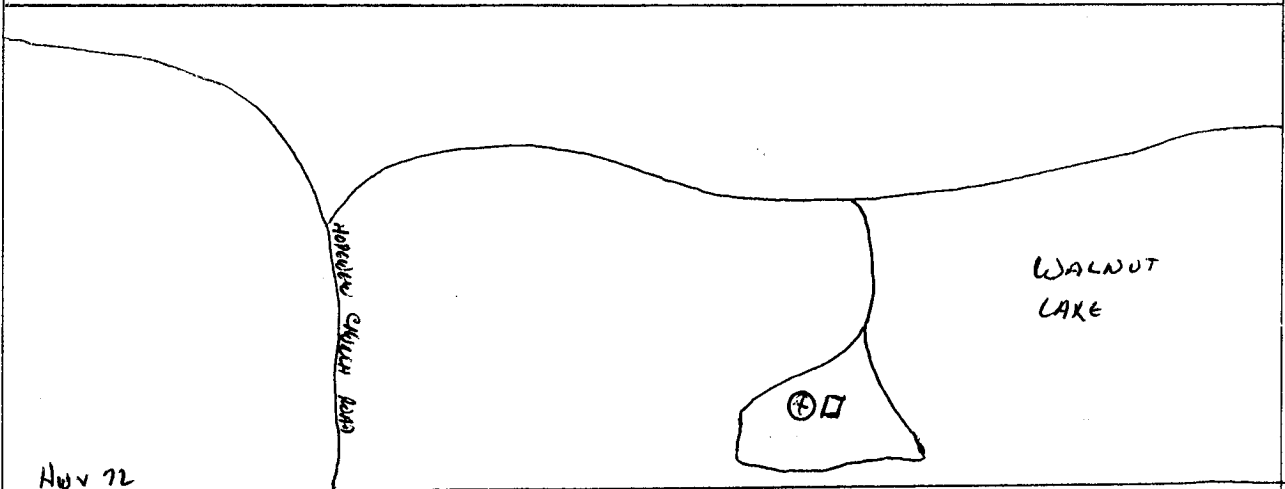


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
LEA CLAY	0	15
LEA CLAY	15	30
SAND	30	45
SAND	45	60
CLAY	60	75
CLAY	75	90
CLAY	90	105
CLAY	105	120
CLAY	120	135
CLAY AND ROCK	135	150
CLAY	150	165
CLAY	165	180
CLAY	180	195
CLAY AND ROCK AND SAND	195	210
SAND AND ROCK	210	225
SAND	225	255

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

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.



Landowner Name: LENISE SANCHEZ

Form: OLWR-SWR-1A

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.

ROCHEL WILSON 0-418
Print Name of Responsible Licensee and License No.

5-18-06
Date

[Signature]
Signature of Licensee

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