

County: Bolivar
 Permit #: GW42596
 Driller: Ronnie Dill
 Date drilling completed: 6-9-08

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-165
 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>Joe Janoush</u>	Latitude: <u>33.55.21"</u> Longitude: <u>91.00.04"</u>
Mailing Address: <u>P.O. Box 397</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rosedale MS 38769</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 13 Twn 24N Rng 8W</u>
Telephone No. <u>(662) 756-6841</u>	Distance _____ Direction <u>14</u> Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 6-9-08 Date drilling completed: 6-9-08 Hole depth: 116' Hole diameter: 18"

Location of the source of any surface water used for drilling: existing well
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: 15 feet above or below (circle one) land surface Date measured: 6-17-08

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

Well depth: 112' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 72 feet to 112 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: N/A feet. *If telescoped or more than one screen, describe on next page*

JUN-23-2008 12:14 From:MID SOUTH WATER 6628431717 To:601 360 0535 P.4/4

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)

For Office Use Only:

Aquifer _____
Well #: C-165
Elevation: _____

County Bolivar
Permit # _____
Driller Fredrick Mitchell
Date completed: 6-17-08
Copy information from block on Part 1

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>Joe Jaworski</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 397</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rosedale MS 38765</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(602) 756-6841</u>	_____ 1/4 _____ 1/4 Sec <u>B 124N R 8W</u>
	Distance _____ Direction _____ Nearest town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jct _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): <u>Submersible</u>
Other (specify): _____	Horse Power Rating of Motor: <u>15hp</u>
Date Pump Installed: <u>6-17-08</u>	Setting Depth: <u>77</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer