

County: Coahoma  
 Permit #: GW-44679  
 Irrigation Equipment  
 Date drilling completed: 2-17-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2308  
 Jackson, MS 38225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: 0127  
 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.

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Vivien Eason</u>        Mailing Address: <u>P.O. Box 69</u>  <u>Dublin Ms. 38739</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34-02-003</u> Longitude: <u>90-31-134</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>        USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS  <u>NW 1/4 SW 1/4 Sec 16 Twp 25N Rng 3W</u>        Distance Direction Nearest Town  <u>3</u> Miles <u>SW</u> of <u>Dublin</u></p>
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**Well / Borehole Data**

Date drilling started: 2-17-11 Date drilling completed: 2-17-11 Hole depth: 123 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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 driller is not related to water well construction, file 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: 35 feet above of below (circle one) land surface Date measured: 2-19-11

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 83 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 84 feet to 123 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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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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	29
Fine Sand	30	38
Fine Sand + Gravel	39	60
Medium Sand + Gravel	61	123

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: Vivien Egson

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

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.

Patrick M Chism      0695      [Signature]

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 2-17-11  
 Copy information from block on Part 1

**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)

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: Vivien Eason  
 Mailing Address: P.O. Box 69  
Dublin Ms. 38739  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS , Survey-grade GPS \_\_\_\_\_  
NW ¼ SW ¼ Sec 16 T 25N R 34  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
3 Miles SW of Dublin

**Pump Type**  
 Circle one  
 Air Lift Jet  Submersible  
 Bucket Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
 Centrifugal Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 2-19-11  
 Rated Pump Capacity: 1100± 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: 25  
 Setting Depth: 70 feet  
 Number of Stages: 1

**Pump Test Data**  
 Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

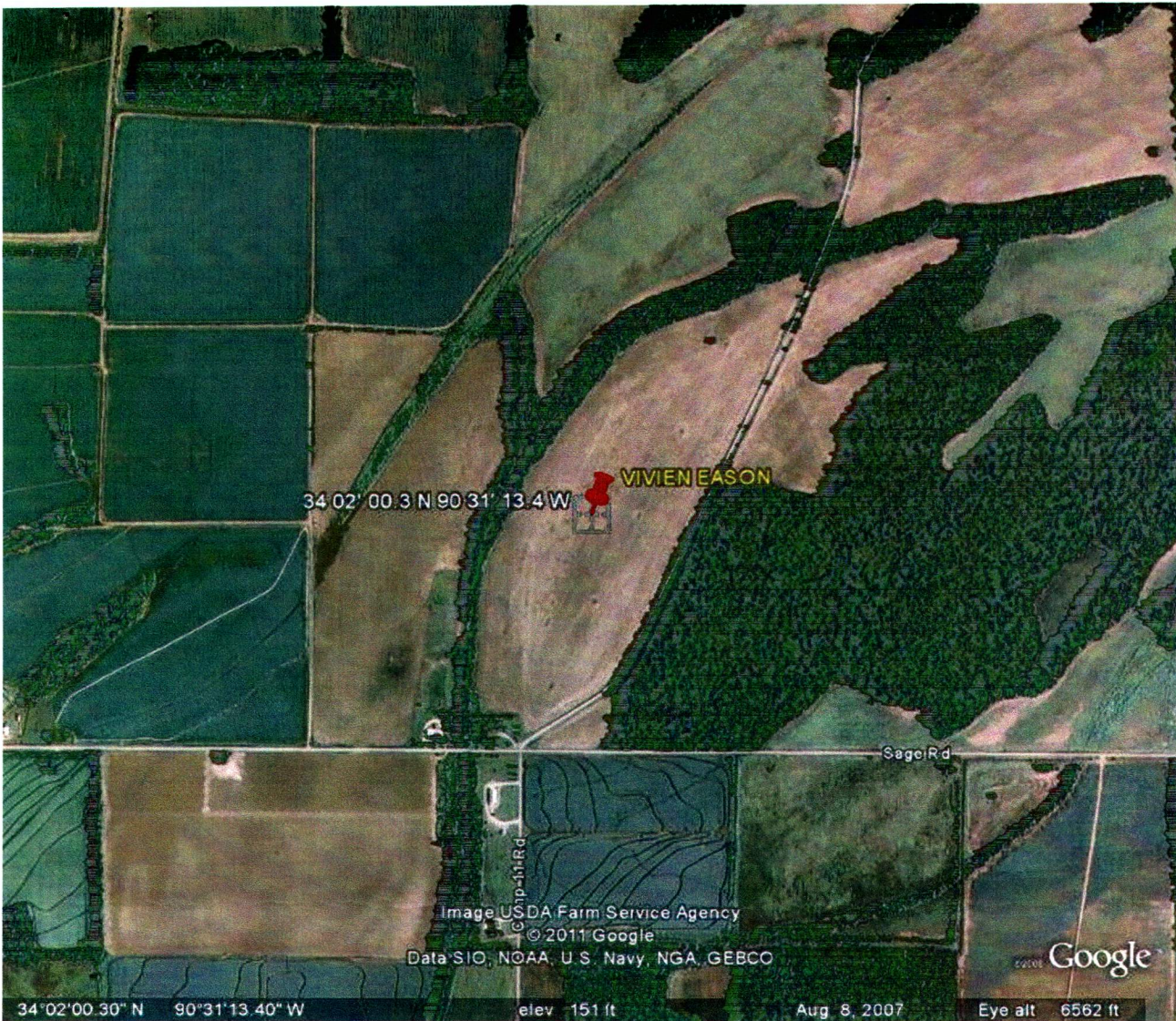
**Method of Measuring Water Level**  
 Circle one  
 Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_ Steel Tape \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_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

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Patrick M Chism 0695  
 Print Name of Pump Installer and License No. (if applicable) Patrick M Chism  
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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