

County: Covington
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 10-27-10

State Well Report
Part 1 - 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: K 76
 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)
 Owner Name: Dorothy Lott
 Mailing Address: 766 Seminary-Williamsburg Rd
Collins MS 39428
 City State Zip Code
 Telephone No. (____) _____

Well or Borehole Location
 Latitude: 31° 35' 16" Longitude: 89° 32' 36"
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ NE ¼ Sec 7 Twn 7N Rng 15W
 Distance Direction Nearest Town
5 Miles NW of Seminary

Well / Borehole Data
 Date drilling started: 10-27-10 Date drilling completed: 10-27-10 Hole depth: 360 Hole diameter: 7 1/2
 Location of the source of any surface water used for drilling: community
 Method of dosing and volume of Chlorine used in drilling and development: shack
 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: 150 feet above or below (circle one) land surface Date measured: 10-27-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 360 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 340 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 340 feet to 360 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)

RECEIVED
 NOV 15 2010
 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)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Covington

Permit #: _____

Driller: JAMES WELLS

Date completed: 10-27-10

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	Well Location
Owner Name: <u>Dorothy Lott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>766 Seminary - Williamsburg Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Collins MS 39428</u>	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>7N</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>5</u> Miles <u>NW</u> of <u>Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>10-27-10</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>157</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>7</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

RECEIVED
NOV 15 2010
BY: OLWR