

County: Covington
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 8-10-11

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: _____
 Well #: K79
 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>Terry Stewart</u> Mailing Address: <u>PO Box 910</u> <u>Magee MS 39111</u> City State Zip Code Telephone No. <u>(601) 765-0498</u>	Latitude: <u>31.32.13</u> " Longitude: <u>89.28.39</u> " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 26 Twn 7N Rng 15W</u> Distance Direction Nearest Town <u>2 1/2</u> Miles <u>5</u> of <u>Seminary</u>

Well / Borehole Data

Date drilling started: 8-10-11 Date drilling completed: 8-10-11 Hole depth: 210 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek
 Method of dosing and volume of Chlorine used in drilling and development: shock

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: 120 feet above of below (circle one) land surface Date measured: 8-10-11

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

Well depth: 210 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 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 190 feet to 210 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*

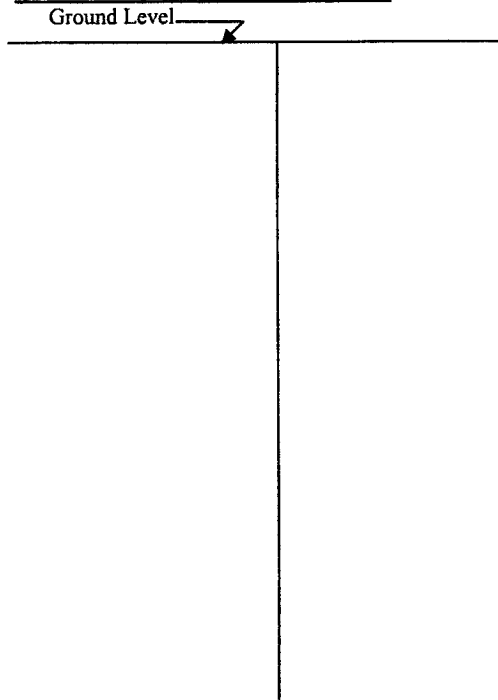
Form: OLWR-SWR-1A (04/08)

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 BY: OLWR

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

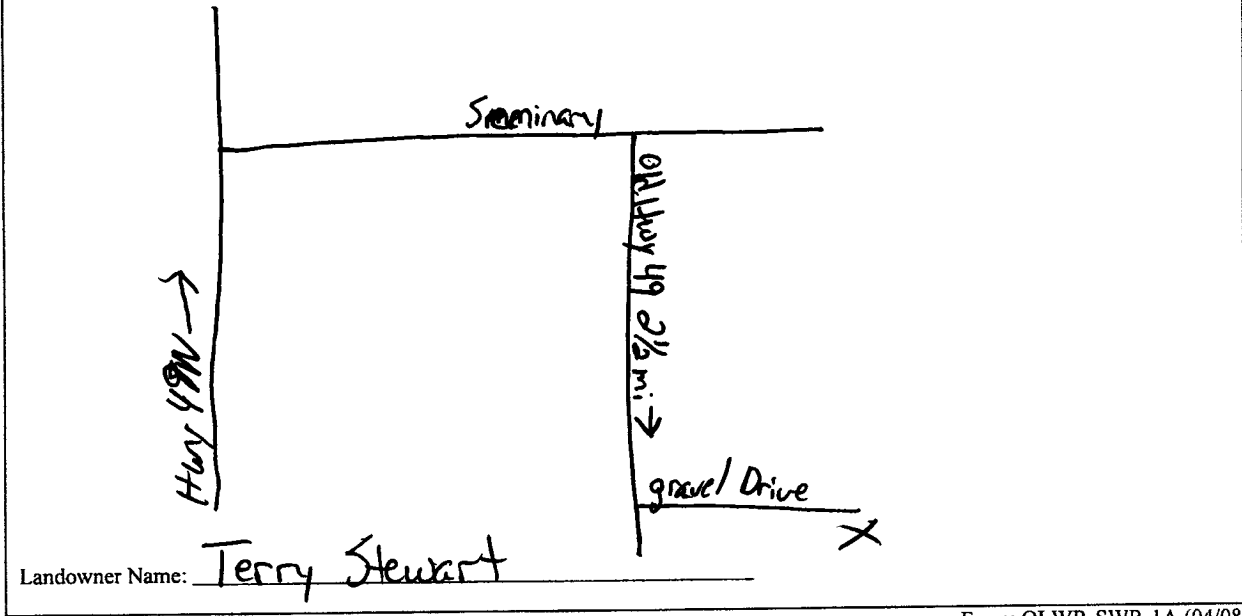
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground Level	1
clay	1	140
sand	140	210

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.



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.

JAMES WELLS 0-586
 Print Name of Responsible Licensee and License No. Date

James Wells
 Signature of Licensee

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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)

For Office Use Only:

Aquifer: _____

Well #: K79

Elevation: _____

County: Covington

Permit #: _____

Driller: JAMES WELLS

Date completed: 8-10-11

This report should be prepared by the pump installer in detail and filed with the Department _____ of the installation of pump.

Well Owner Information

Owner Name: Terry Stewart

Mailing Address: PO Box 910

Magee MS 39111
City State Zip Code

Telephone No. (601) 765-0498

Well Location

Latitude: 31-32-13 Longitude: 89-28-39

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 26 Twn 7N Rng 15W

Distance Direction Nearest Town

2 1/2 Miles S of Seminary

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 8-10-11

Rated Pump Capacity: 19 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: 1 1/2

Setting Depth: 150 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 8-10-11

Static Water Level (A): 120 Feet Below Land Surface

Pumping Water Level (B): 150 Feet Below Land Surface

Drawdown [(B) - (A)]: 128 Feet Below Land Surface

Test Pumping Rate: 24 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 24 GPM with a drawdown of
8 feet after 4 hours of pumping

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

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SEP 19 2011

BY: OLWR