

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: F-154
L.S. Elevation: _____
E-Long #: _____

County: DESOUD
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 11-8-08

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>CHARLIE FORD</u> | Latitude: _____ "Longitude: _____" |
| Mailing Address: <u>3171 DEAN COURT</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HEWLETT, MS 38632</u> | <u>1/4 1/4 Sec 1-28 Twn 25 Rng 12W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 493-2983</u> | <u>3 Miles W of NESBIT</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 11-8-08 Date well drilling completed: 11-8-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 11-9-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE+WEIGHT

Hole Depth: 275 Well depth: 275 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS inches Setting depth: From 255 feet to 275 feet

Type of completion(circle all applicable):
Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): WASHED SAND

Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back

Logs run(circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Bob Smith 0645
Print name of Water Contractor and License No.

[Signature]
Signature of Water Well Contractor

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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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: F-154

Elevation: _____

County: DE SOTO
Permit #: _____
Driller: BOB SMITH
Date completed: 11-9-08

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>CHARLIE FORD</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>3171 DEAN COVE N.</u> | Method of Lat/Long (circle one): Conventional Survey |
| <u>HEWLAND, MS. 38637</u> | USGS quad, Hand-held GPS, survey grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec I-28 Twn T25 Rng R8W</u> |
| Telephone No. <u>(901) 493-2983</u> | Distance _____ miles Direction <u>W</u> Nearest Town <u>NESBIT</u> |

| Pump Type | Power Type |
|--|---|
| Circle one | Circle one |
| Air lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other(specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>11-9-08</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>20</u> gallons per min | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: <u>11-9-08</u> | circle one |
| Static Water Level(A): <u>20</u> feet below Land Surface | Air Line Electric Measuring Line Steel Tape |
| Rumping Water Level(B): _____ feet below Land Surface | Other(specify): <u>LINE + WEIGHT</u> |
| Drawdown[(B)-(A)]: _____ feet below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: <u>22</u> gallons per Minute | Well yielded <u>22</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Duration of Pump Test(minimun 4 hours): _____ hrs | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
BOB SMITH 0645 _____
Print Name of Pump Installer and License No. Signature of Pump Installer

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BY: OLWP

Ground Level

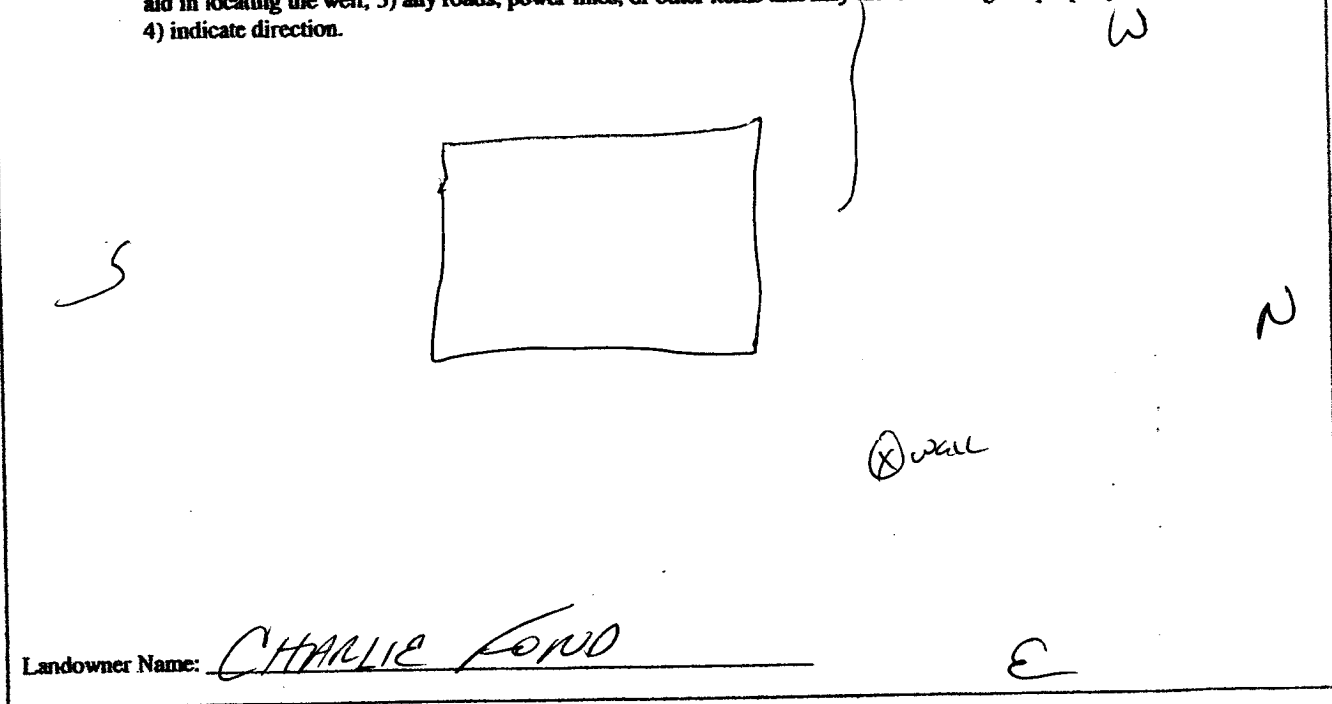
Description of Formations Encountered

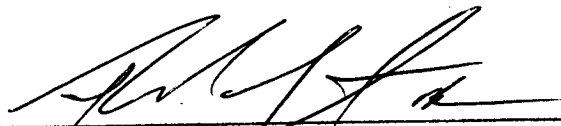
F 154
From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 7 |
| BROWN CLAY | 7 | 14 |
| GRAVEL | 14 | 22 |
| GREY CLAY | 22 | 160 |
| ROCK | 160 | 161 |
| GREY CLAY | 161 | 240 |
| ROCK | 240 | 241 |
| SAND | 241 | 275 |
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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) indicate direction.




Signature of Water Well Contractor

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