

### 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)

County: DESOTO  
Permit #: 565  
Driller: Wilson Well  
Date drilling completed: 5/20/12

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: J155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

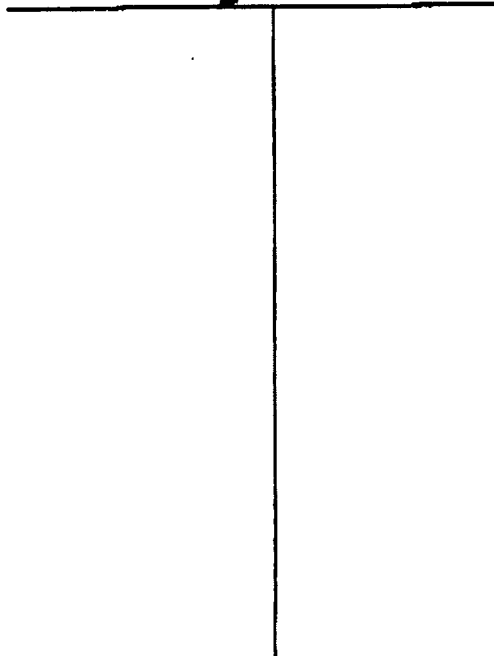
*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p align="center"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>KIRBY DOBBS</u> Mailing Address: <u>800 Baldwin Road South</u> <u>LAKE COMMUNIT</u> <u>MISSISSIPPI 38641</u> City State Zip Code Telephone No. ( ) _____</p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 51' 03"</u> Longitude: <u>90° 07' 08"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW¼ SE¼ Sec <u>2</u> Twn <u>36</u> Rng <u>80W</u> Distance Direction Nearest Town Miles _____ of _____</p>
<p><b>Well / Borehole Data</b></p>	
<p>Date drilling started: <u>5-20-12</u> Date drilling completed: <u>5-20-12</u> Hole depth: <u>260</u> Hole diameter: <u>4</u> Location of the source of any surface water used for drilling: <u>PUBLIC SUPPLY</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM 71000</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>5-20-12</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PIPE</u> Well depth: <u>260</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>260</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Perstic PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Perstic PVC</u> Screen slot size: <u>.013</u> inches Setting depth: From <u>240</u> feet to <u>260</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>Nil</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level       



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	5
CLAY	5	20
GRAVEL	20	40
FINE SAND / CLAY MIX	40	100
CLAY	100	215
MEDIUM GRAIN SAND	215	260

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: KELLY JOHNS

Form: OLWR-SWR-1A

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.

Rodney D. Wilson    0-418    5/30/12  
 Print Name of Responsible Licensee and License No.    Date

Rodney D. Wilson  
 Signature of Licensee

### STATE WELL REPORT

County: Itasca  
 Permit #: 565  
 Driller: Wilson Well  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**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 #: J155  
 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	Well Location
Owner Name: <u>KIMBY JOHNS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>800 Baldwin Road Sumr</u> <u>Lake Cormorant</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mississippi</u> <u>38641</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 2 T 30 R 205</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town <u>35 9W</u>
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engines Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 H.P.</u>
Date Pump Installed: <u>5-21-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15 Stg. 40550-15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>pipe</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rodney D. Wilson 0-418  
 Print Name of Pump Installer and License No. (if applicable)

Rodney D. Wilson  
 Signature of Pump Installer