

County: Okecho
 Permit #: _____
 Driller: James W. Mason
 Date drilling completed: 10-15-07

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)

For Office Use Only:

Aquifer: _____
 Well #: L-119
 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>Burk Hendrix</u>	Latitude: <u>34° 46' 693"</u> Longitude: <u>89° 56' 180"</u>
Mailing Address: <u>Gray Creek Subdivision</u> <u>corner of Getwell and Grinners lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>11</u>
<u>Hernando</u> MS <u>38632</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	NE <u>1/4</u> SE <u>1/4</u> Sec <u>33</u> Twn <u>3S</u> Rng <u>7W</u>
Telephone No. <u>(601) 488-2698</u>	Distance <u>3.12</u> Miles Direction <u>NW</u> of Nearest Town <u>Alphaha</u>

Well / Borehole Data

Date drilling started: 10-15-07 Date drilling completed: 10-15-07 Hole depth: 210' Hole diameter: 6.314

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): NA

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 NA Other (describe) _____

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 10-16-07

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

Well depth: 210' Well grouted to a depth of 50 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: .010 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): NA

Top of lap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

County: Desoto

Permit #: _____

Driller: Jones W. Mason

Date completed: 10-16-07

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: L-119

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: Burk Hendrix

Mailing Address: Grays Creek Subdivision
corner of Getwell and Ginnel Lane
Hernando MS 38632
City State Zip Code

Telephone No. (901) 488-2698

Well Location

Latitude: 34.46.693 Longitude: 89.56.180

Method of Lat/Long (check one): Conventional Survey _____

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

NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 33 T 3S R 7W

Distance Direction Nearest Town

3 1/2 Miles NW of Alphabon

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 10-16-07

Rated Pump Capacity: 60 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: 5 hp

Setting Depth: 180 feet

Number of Stages: 18

Pump Test Data

Date Well Tested: 10-16-07
Static Water Level (A): 75 Feet Below Land Surface
Pumping Water Level (B): NA Feet Below Land Surface
Drawdown [(B) - (A)]: NA Feet Below Land Surface
Test Pumping Rate: 60 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): String weight
For flowing well, measured shut in head: NA feet
Well yielded 60 GPM with a drawdown of
NA feet after 24 hours of pumping

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

Jones W. Mason 0630
Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
Signature of Pump Installer

Form: OLWR-SWR-1B

NOV 15 2007

BY: [Signature]