

County DESOTO
 Permit # MS-GW-16871
 Driller: GARRETT M. HOUSTON
 Date drilling completed: 4-8-11

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 #: M291
 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>GARY JAMESON</u>	Latitude: <u>34° 50' 05"</u> Longitude: <u>89° 42' 31"</u>
Mailing Address: <u>P.O. Box 339</u>	Method of Lat/Long (circle one): Conventional Survey
<u>ROSSVILLE</u> <u>TN</u> <u>38066</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4</u> Sec <u>12</u> Twn <u>03S</u> Rng <u>06W</u>
Telephone No. <u>(901) 853-3070</u>	Distance Direction Nearest Town <u>1.94</u> Miles <u>SE</u> of <u>LOUISIANA</u>

Well / Borehole Data

Date drilling started: 4-8-11 Date drilling completed: 4-8-11 Hole depth: 275 Hole diameter: 24

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

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

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) N/A

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 N/A Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4-8-11

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

Well depth: 275 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement (Bentonite) M.: _____

Casing length: 205 feet Casing diameter: 16 inches Type of casing: SDR 160

Screen length: 70 feet Screen diameter: 16 inches Type of screen: SDR 160

Screen slot size: .032 inches Setting depth: From 205 feet to 275 feet

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development
 Other (describe): N/A

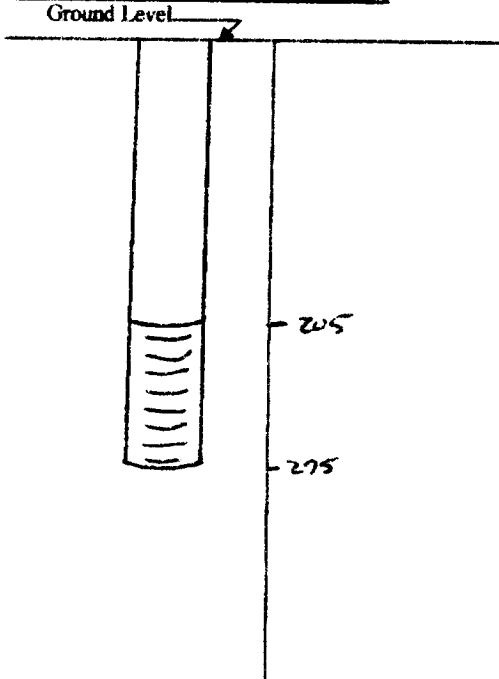
Top of lap pipe or reduction in casing: NA feet *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch

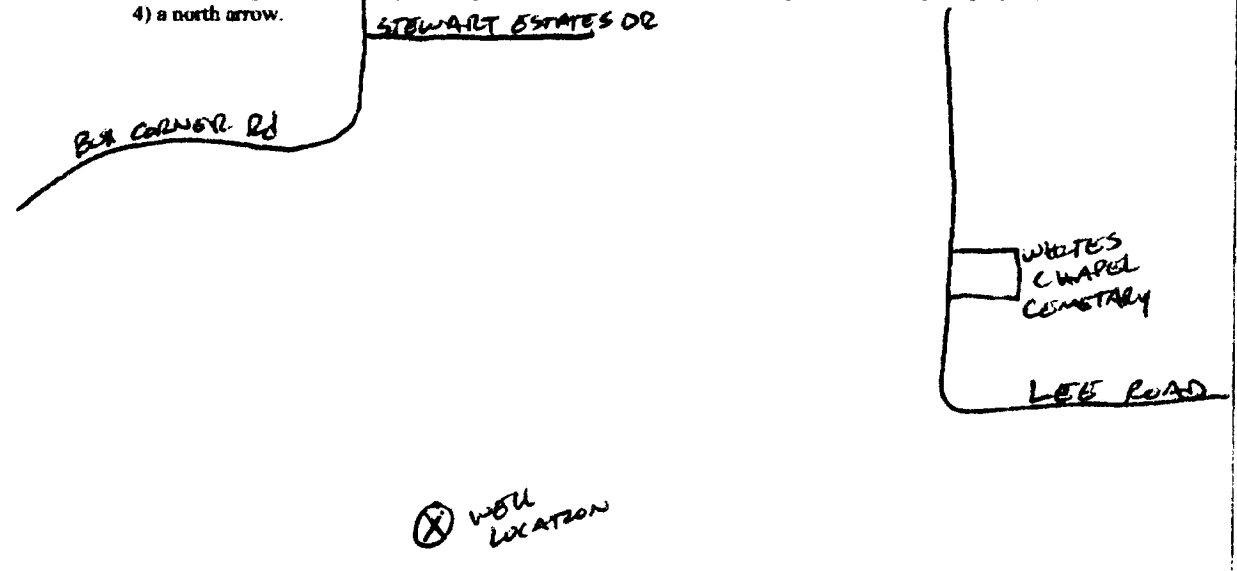


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Brown Clay	Ground Level	20
Yellow Sand	20	85
Blue Clay	85	160
White Sand	160	185
Good White Sand	185	275

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: GARY JAMERSON

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.

GARNER HOUSTON MSR-0424 4-25-11

Print Name of Responsible Licensee and License No. Date

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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: DESOUD
Permit #: MS-GL-10871
Driller: GARNER M. HOUSTON
Date completed: 4-8-11
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: M 291
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>GARY JAMERSON</u>	Latitude: <u>34°50'05"</u> Longitude: <u>89°47'31"</u>
Mailing Address: <u>P.O. BOX 339</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>REDFIELD TN 38066</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(901) 853-3070</u>	<u>SW 1/4 SW 1/4 Sec 12 T 035 R 06W</u>
	Distance <u>1.4</u> Miles <u>SE</u> of <u>LOUISBURG</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>NA</u>	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>May 23, 2011</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>MAY 23, 2011</u>	Circle one
Static Water Level (A): <u>20</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Test Pumping Rate: <u>1400</u> Gallons Per Minute	Well yielded <u>NA</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<u>NA</u> feet after <u>6</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

GARNER HOUSTON UNR-0424 Garnier Houston
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-10 (07-09)

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