

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: M 299
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: _____
Driller: Jones, W. V. 610-
Date drilling completed: 7-18-11

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>Fruit Store</u> | Latitude: <u>34° 47' 48.44"</u> Longitude: <u>89° 15' 48.44"</u> |
| Mailing Address: <u>4005 red banks road</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Dylhelia</u> MS <u>38611</u> | USGS quad, <u>NT 1/4 SE 1/4 Sec 30</u> Twn <u>35</u> Rng <u>5w</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(668) 838-3672</u> | <u>2</u> Miles <u>SE</u> of <u>Ingram's mill</u> |
| Well / Borehole Data | |
| Date drilling started: <u>7-18-11</u> Date drilling completed: <u>7-18-11</u> Hole depth: <u>125'</u> Hole diameter: <u>6 3/4"</u> | |
| Location of the source of any surface water used for drilling: <u>NA</u> | |
| Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u> | |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): <u>NA</u> | |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ | |
| Seismic Survey _____ Other (describe) <u>NA</u> | |
| If drilling is not related to water well construction, skip the remainder of this block | |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ | |
| If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____ | |
| Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>7-18-11</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>string level</u> | |
| Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix | |
| Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u> | |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u> | |
| Screen slot size: <u>1/10</u> inches Setting depth: From <u>115</u> feet to <u>125</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development | |
| Other (describe): <u>NA</u> | |
| Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on next page | |

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

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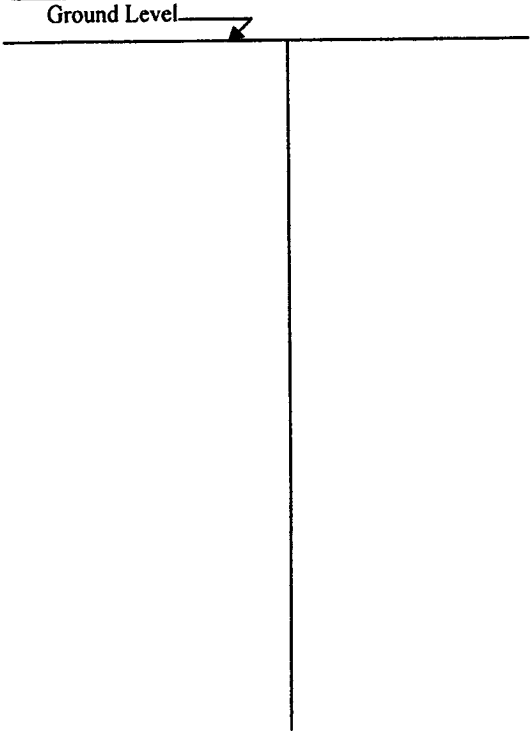
BY: OLWR

M299

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

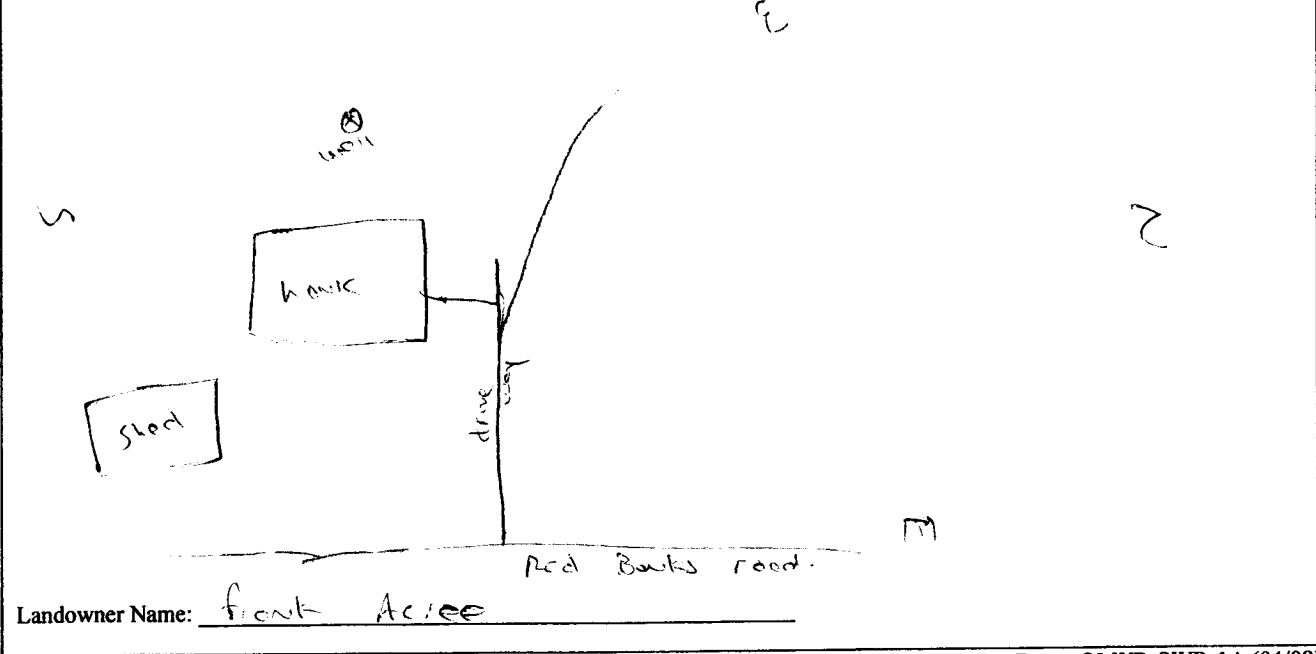
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| clay dict- | Ground Level | 15 |
| white clay | 15 | 20 |
| white sand | 20 | 125 |
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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) 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 all other laws.

Print Name of Responsible Licensee and License No. Jones, J. B. 01626 Date 8-15-11

Signature of Licensee Jones, J. B.

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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: Jesolo
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 7-18-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M299
 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>Frank Acic</u> | Latitude: <u>34.47683</u> Longitude: <u>89.45748</u> |
| Mailing Address: <u>4005 red banks road</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Byhalia</u> <u>MS</u> <u>38611</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 SE 1/4 Sec 30 T 35 R 5W</u> |
| Telephone No. <u>(662) 838-3672</u> | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>SE</u> of <u>ingrains mill</u> |

| Pump Type Circle one | Power Type 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>3/4</u> |
| Date Pump Installed: <u>7-18-11</u> | Setting Depth: <u>20</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|-----------------------------------------------------------------------|
| Date Well Tested: <u>7-18-11</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>20</u> Feet Below Land Surface | Other (specify): <u>string level</u> |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>NA</u> feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | <u>NA</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours | |

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

Jones W. Mason 0-620 Jones W. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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