

State Well Report Part I - 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)

County: DESAI
 Permit #: MS-GW-16936
 Driller: GARNER, M. HOUSTON
 Date drilling completed: 5-2-12

For Office Use Only:
 Aquifer: SPT
 Well #: M 306
 L. S. Elevation: 276
 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 JAMERSON</u>	Latitude: <u>34° 49' 23"</u> Longitude: <u>89° 47' 10"</u>
Mailing Address: <u>P.O. Box 339</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>ROSSVILLE</u> <u>LA</u> <u>70666</u>	<u>14N</u> 1/4 <u>58</u> 1/4 Sec <u>13</u> Twn <u>03S</u> Rng <u>06W</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. <u>(901) 853-2070</u>	

Well / Borehole Data

Date drilling started: 5-2-12 Date drilling completed: 5-2-12 Hole depth: 175 Hole diameter: 24

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): JOHN MARBLE

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) NA
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: 18 feet above or below (circle one) land surface Date measured: 5-2-12

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

Well depth: 175 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 115 feet Casing diameter: 16 inches Type of casing: SDR 160

Screen length: 60 feet Screen diameter: 16 inches Type of screen: SDR 160

Screen slot size: .082 inches Setting depth: From 115 feet to 175 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 (04/08)

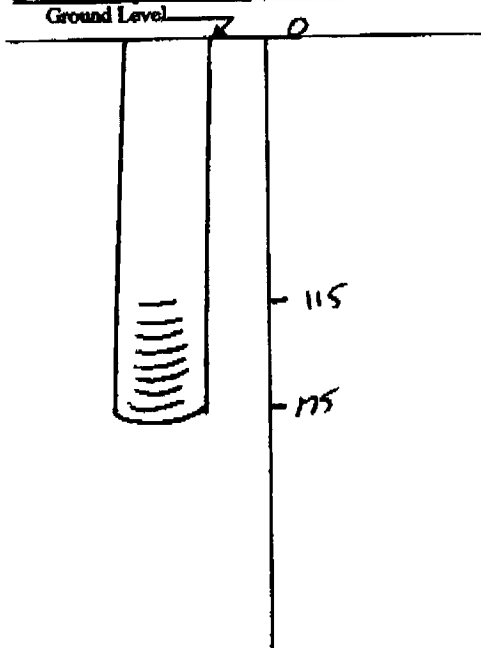
RECEIVED
MAY 14 2012
BY: OLWR

V M306

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)
BROWN CLAY	Ground Level	10
BROWN SAND	10	20
BLACK CLAY	20	34
WHITE SAND	34	74
WHITE CLAY	74	90
BLUE CLAY	90	112
WHITE SAND	112	175

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 JAMESON

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 UNR-0424 5-14-12
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

RECEIVED
 MAY 14 2012
 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
 (601)961-5210
 (601)961-5228 (fax)

County: DESSATO
 Permit #: MS-GW-16936
 Driller: GARNER M. HOUSTON
 Date completed: 5-12-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: SPRT
 Well #: M306
 Elevation: 276

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 JENSEN</u>	Latitude: <u>34° 49' 23"</u> Longitude: <u>89° 49' 10"</u>
Mailing Address: <u>P.O. Box 339</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>ROSSING TN 38066</u>	USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 13 T03S R06W</u>
Telephone No. <u>(601) 853-3090</u>	Distance Direction Nearest Town
	Miles of

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>NA</u>
Other (specify): <u>NA</u>	Horse Power Rating of Motor: <u>150</u>
Date Pump Installed: <u>5-10-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): <u>NA</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>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>1800</u> Gallons Per Minute	<u>NA</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

GARNER M. HOUSTON DWL-0424 Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

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

RECEIVED
 MAY 14 2012
 BY: OLWR