| State V   | Vell Report For Office Use Only:   |  |
|---|--|--|
|   | Driller's Log  |  |
|   | Mississippi Department of Environmental Quality<br>Office of Land and Water Resources  |  |
|   | . Box 2309 Well #:   |  |
|   | Dn, MS 39225   |  |
| 1 Data dulling assumpted 1 400 The 1  | )961- 5210 E. S. Elevatori   |  |
| 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   | Well or Borehole Location  |  |
| (Landowner if borehole is not for a water well)   | Latitude: 31 .25,50," Longitude: 89.19,18,"  |  |
| Owner Name_ James Kose  | Method of Lat/Long (circle one): Conventional Survey,  |  |
| Mailing Address: 116 A Newell Sullivan Rd   | USGS quad, Hand-held GPS, Survey-grade GPS   |  |
|   | $\frac{1}{12} \frac{1}{12} \frac$ |  |
| Harth respirse MS 39401<br>City State Zip Code  | $\underline{PC} 4 \underline{V} \underline{V} 4 \operatorname{Sec} \underline{C} \operatorname{Twn} \underline{PIC} \operatorname{Rng} \underline{I} \underline{O} \underline{W}$  |  |
| City State Zip Code   | Distance Direction Nearest Town<br>  |  |
| Telephone No. (601) 336-547b of of of   |  |  |
| Well / Borehole Data  |  |  |
| Date drilling started: 11-6-09 Date drilling completed: 11-6-09 Hole depth: 140 Hole diameter: 71/511   |  |  |
| Location of the source of any surface water used for drilling: <u>Community</u><br>Method of dosing and volume of Chlorine used in drilling and development: <u>Shock</u>   |  |  |
| Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:  |  |  |
| Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump   |  |  |
| Seismic SurveyOther (describe)<br>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 Other (describe)  |  |  |
| Static Water Level: <u>feet above or below</u> (circle one) land surface Date measured: <u>11-6-09</u>  |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other:   |  |  |
| Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one); Neat Cement Bentonite Mix  |  |  |
| Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PUC</u>  |  |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>   |  |  |
| Screen slot size:   |  |  |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  |  |  |
| Other (describe):   |  |  |
| Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page  |  |  |
| Form: OLWR-SWR-1A (04/08)   |  |  |

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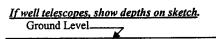
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## The sketch below only required for water wells



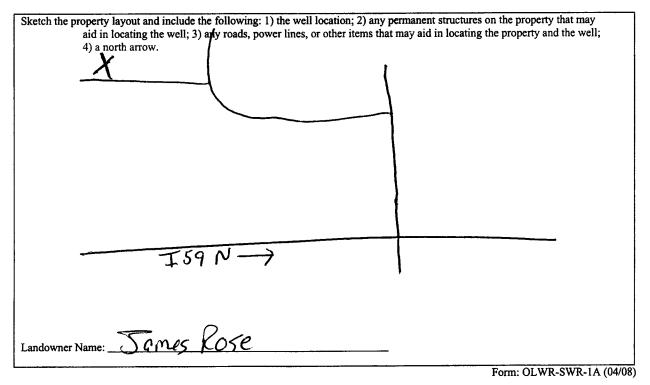
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

B(63

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| +0%0il                                | Ground Level | 12         |
| Class                                 |              | 90         |
| BOSS                                  | 90           | 140        |
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If more than one screen, show location of each on sketch



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

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

Date

James Walls HECEIVED

DEC 1 8 2009



| STATE WELL REPORT   |   |  |
|---|---|--|
| County: <u>For Nest</u><br>Permit #: <u>Permit #:</u><br>Driller: <u>JAME5</u> <u>W</u> 546<br>Date completed: <u>11-6-09</u><br><u>Copv information from block on Part 1</u><br>This part of the report must be completed by a licensed wa   | Part 2    installer's Completion Report    Department of Environmental Quality    of Land and Water Resources    P.O. Box 2309    Jackson, MS 39225    (601)961-5210    (601)961-528 (fax)    atter well contractor or a licensed pump installer. A copy of Part 1 of the artment at the above address within 30 days of well completion.    Well Location    Latitude:    Latitude:    Longitude:    Method of Lat/Long (check one): Conventional Survey_,    USGS quad, Hand-held GPS_, Survey-grade GPS_    14_  14 Sec_5_T_5N_R_13W |  |
| Telephone No. ((a)) 336-5476  | Distance Direction Nearest Town<br>   |  |
| Pump Type<br>Circle one    Air Lift  Jet  Submersible    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):   | Power Type<br>Circle one    Diesel Engine  Gasoline Engine  Natural Gas    Electric Motor  Hand  Tractor PTO    Windmill  Other (specify):  |  |
| Pump Test Data    Date Well Tested:  11-10-09    Static Water Level (A):  80    Feet Below Land Sur    Pumping Water Level (B):  100    Feet Below Land Sur    Drawdown [(B) - (A)]:  85    Feet Below Land Sur    Test Pumping Rate:  17    Gallons Per Mir    Duration of Pump Test (minimum 4 hours):  4 | face Other (specify):face For flowing well, measured shut in head:feet  |  |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge.<br><u>JAMES NEWS</u> 0-586<br>Print Name of Pump Installer and License No. (if applicable)<br>Signature of Pump Installer<br>Form: OLWP SWR-1B (04/08)   |   |  |

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