|  | State W  | ell Report   | For Office Use Only:                       |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| County: Forrest  | Part 1 - Driller's Log   |  | -  |  |  |  |  |  |
|  | Mississippi Department of Environmental Quality  |  | Aquifer:                                   |  |  |  |  |  |
| Permit #: 0-586  | Office of Land and Water Resources<br>P.O. Box 2309  |  | Well #:B165                                |  |  |  |  |  |
| Driller. JAMES WELLS Jac   |  | , MS 39225<br>961- 5210  | L. S. Elevation:                           |  |  |  |  |  |
| Date drilling completed: 9-1-11  | (601)961   | - 5228 (fax)   | 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 arthress of the west of the traction   |  |  |  |  |  |  |  |  |
| Information on wen Owner   |  |  |  |  |  |  |  |  |
|  |  | Latitude: <u>31 • 22 · 25 "</u> Longitude: <u>89 • 18 · 35 "</u> |  |  |  |  |  |  |
| Owner Name Bobby Hornsby   |  | Method of Lat/Long (circle one): Conventional Survey,            |  |  |  |  |  |  |
| Mailing Address: 3106 Glendale   |  |  |  |  |  |  |  |  |
| Maning Address.  | failing Address: 01010 Concerned   |  | USGS quad, Hand-held GPS, Survey-grade GPS |  |  |  |  |  |
|  | 0.001  | NW 14 NW 14 Sec OF TWN 5N Rng 13W                                |  |  |  |  |  |  |
| Hatties him (  | 15 39401 \   |  |  |  |  |  |  |  |
| Hattiesburg (<br>City  | te Zip Code  | Distance Direction Nearest Town<br>Miles of                      |  |  |  |  |  |  |
| 111 582 22   | 1)   | Miles  | or   |  |  |  |  |  |
| Telephone No. (601) 582-22   | <u>, , , , , , , , , , , , , , , , , , , </u>  |  |  |  |  |  |  |  |
|  | Well / Bore  | hole Data  |  |  |  |  |  |  |
| Gi-II  |  | Hole depth: 150 <sup>1</sup>                                     | Hole diameter: 1'3'                        |  |  |  |  |  |
| Date drilling started: <u>9-1-11</u> Date drilling completed: <u>9-1-11</u> Hole depth: <u>160</u> <sup>1</sup> Hole diameter: <u>7'5'</u> <sup>1</sup>  |  |  |  |  |  |  |  |  |
| Location of the source of any surface wat  | er used for drilling:  | nounity  |  |  |  |  |  |  |
| Method of dosing and volume of Chlorin   | e used in drilling and deve  | lopment:Shock  |  |  |  |  |  |  |
| ( ) I make here by the board   | Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: |  |  |  |  |  |  |  |
| Logs run (circle all applicable): No log run Electric Gamma Ray Delisity Sonic Routen Control and Control Routen Control Contr |  |  |  |  |  |  |  |  |
| Name of organization fulling log(s).   |  |  |  |  |  |  |  |  |
| Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  |  |  |  |  |  |  |  |  |
| Seismic  | SurveyOther (describe  | e)   |  |  |  |  |  |  |
| Seismic SurveyOuter (aescribe)<br>If drilling is not related to water well construction, skip the remainder of this block  |  |  |  |  |  |  |  |  |
| Purpose of Well (check one): Home  | Industrial Public Suppl  | v Irrigation Fish Culture  | Other:                                     |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| If a flowing well, method of flow regulati   | on: Valve (  | Other (describe)   | Q  |  |  |  |  |  |
| Static Water Level:feet above of below (circle one) land surface Date measured:  |  |  |  |  |  |  |  |  |
| Method of Measurement (circle one) electric tape air line other  |  |  |  |  |  |  |  |  |
| Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix   |  |  |  |  |  |  |  |  |
| Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |  |  |  |  |  |  |  |  |
| Screen length: feet Screen diameter: inches Type of screen: PVC  |  |  |  |  |  |  |  |  |
| Screen slot size: inches Setting depth: From feet to fcct  |  |  |  |  |  |  |  |  |
| 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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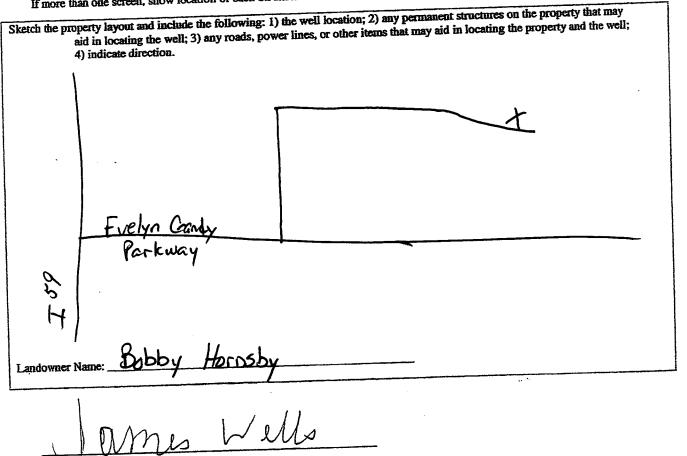


If well telescopes please sketch below and show depths.



| Description of Fo | rmations Encountered    | From |        |
|-------------------|-------------------------|------|--------|
| -                 | topsoil<br>Clay<br>Sand |      | 30     |
|                   | <u> </u>                | 30   | 10     |
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|                   |                         |      | -      |

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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B165

|   | STATE WE   | LL REPORT   |  |  |  |
|---|--|---|--|--|--|
| County: Forrest   | Part 2<br>Pump Installer's Completion Report<br>Mississing Department of Environmental Quality                         |   | For Office Use Only:<br>Aquifer:   |  |  |
| Permit #:<br>Driller: <u>JA MES</u> WELLS<br>Date completed: <u>9-1-11</u>  | Office of Land and Water Resources<br>P.O. Box 10631<br>Jackson, MS 39289-0631<br>(601)961-5210<br>(601)354-6938 (fax) |   | Well#: <u>B165</u><br>Elevation:   |  |  |
| This report should be prepared by the installation of pump.<br>Well Owner Information (1999)  | be pump installer in detail  | and filed with the Departme<br>We   | II Localisa  |  |  |
| Owner Name: Bobby Horns<br>Mailing Address: 3106 Glence<br>Hatties burg M<br>City State<br>Telephone No. (61) 582-221   | by<br>dale<br>05 39401<br>Zip Code   | Method of Lat/Long (circle of<br>USGS quad, Han<br><u>NW 14 NW</u> 14 Sec<br>Distance Direction | Longitude: 89-18-35<br>ne): Conventional Survey,<br>d-held GPS, Survey-grade GPS<br><u>8</u> Twn.5N Rng.13W<br>Nearest Town<br>of <u>Hattiesbare</u> |  |  |
| Telephone No. (GDI) / DO Carl    Pump Type Circle one    Air Lift  Jet     Bucket  Piston     Centrifugal  Rotary     Other (specify):  | Submersible<br>Turbine<br>Flowing Well<br>Gallons Per Minute   | Diesel Engine Gasoli<br>Electric Motor Hand   | (specify):   |  |  |
| Pump Test Data<br>Date Well Tested:<br>Static Water Level (A):Fe<br>Pumping Water Level (B):Fe  | a<br>eet Below Land Surface<br>et Below Land Surface<br>ext Below Land Surface<br>Gallons Per Minute                   | ·   | GPM with a drawdown of   |  |  |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  UMB    JAMES  WELLS  0-586    Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer |  |   |  |  |  |

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