

County: DeSoto
 Permit #: 0-780
 Driller: Joel Die
 Date drilling completed: 3-2-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D-138
 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)
 Owner Name: Sandra McLeod
 Mailing Address: 119 Senger Rd
Medala MS 39452
 City State Zip Code
 Telephone No. (601) 680-2890

Well or Borehole Location
 Latitude: 30° 54' 03" 03 Longitude: 89° 29' 31" 19
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
Sw 1/4 NW 1/4 Sec 4 Twn 15 Rng 5W
 Distance Direction Nearest Town
1 1/2 Miles East of Bushy creek, MS

Well / Borehole Data
 Date drilling started: 3-2-09 Date drilling completed: 3-2-09 Hole depth: 160 Hole diameter: 4
 Location of the source of any surface water used for drilling: Acadia, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chl
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
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: 5 feet above or below (circle one) land surface Date measured: 3-2-09
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 140 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 - - -
 Screen slot size: 10 inches Setting depth: From 0 feet to 160 feet
 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.*

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 Form: OLWR-SWR-1A (04/08)
 MAR 04 2009
 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: Greene
 Permit #: 0-780
 Driller: Joel P.
 Date completed: 3-2-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-138
 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>Sandra Melrod</u> | Latitude: <u>30-54-055</u> Longitude: <u>88-29-310</u> |
| Mailing Address: <u>119 Heizer Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Lumbah ms 39452</u> | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 4 T 15 R 5W</u> |
| Telephone No. <u>601-680-2890</u> | Distance Direction Nearest Town <u>1 1/2 Miles east of Prudy creek, ms</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>3-2-09</u> | Setting Depth: <u>100 Drop Pipe</u> feet |
| Rated Pump Capacity: <u>70</u> Gallons Per Minute | Number of Stages: <u>15</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>3-2-09</u> | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>5</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>90</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface | Well yielded <u>70</u> GPM with a drawdown of |
| Test Pumping Rate: <u>70</u> Gallons Per Minute | <u>2</u> feet after <u>48</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>48</u> hours | |

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

Joel Pien 0-780 Signature of Pump Installer Joel P.
 Print Name of Pump Installer and License No. (if applicable)

REC'D
 04/08/09
 064 OLWR