

County: DeWitt
 Permit #: 0-7807
 Driller: Joel Rie
 Date drilling completed: 7-14-10

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: D158
 Well #: _____
 U.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)		Well or Borehole Location	
Owner Name: <u>Lori Rodgers</u>		Latitude: <u>30° 57' 49" N</u>	Longitude: <u>88° 26' 32" W</u>
Mailing Address: <u>Brush Creek Rd</u>		Method of Lat Long (circle one): Conventional Survey	
<u>Lumbola MS 39452</u>		USGS quad: Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		SE 1/4 NE 1/4 Sec. <u>13</u> Twn <u>T15</u> Rng <u>5W</u>	
Telephone No. (<u>601</u>) <u>947-2311</u>		Distance: <u>5</u> Miles Direction: <u>NW</u> Nearest Town: <u>Lumbola, MS</u>	

Well / Borehole Data

Date drilling started: 7-14-10 Date drilling completed: 7-14-10 Hole depth: 100 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquela, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4gal Chlor

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: 7-14-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 90 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic
 Screen slot size: 10 inches Setting depth: From 0 feet to 100 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**

Form: OLWR-SWR-1A /04/0
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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: District
 Permit #: 0-780
 Driller: Joel P.
 Date completed: 7-14-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: D158
 Well #: _____
 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

Owner Name: Lorie Rodgers
 Mailing Address: Bushy Creek
Lumbah, MS 39452
 City State Zip Code
 Telephone No. (601) 947-2311

Well Location

Latitude: 30-57-823 Longitude: 88-26-528
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
SE 1/4 NE 1/4 Sec 13 T 15 R 5W
 Distance Direction Nearest Town
5 Miles NW of Lumbah, MS

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	Submersible
Bucket	<input type="radio"/> Piston	Turbine
Centrifugal	<input type="radio"/> Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 7-14-10
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: _____
 Setting Depth: 60 ft line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 7-14-10
 Static Water Level (A): 3 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 42 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	Electric Measuring Linc	Steel Tape
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 10 GPM with a drawdown of
2 feet after 48 hours of pumping

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

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

Joel P.
 Signature of Pump Installer

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