

County: DeWitt
 Permit #: 0-783
 Driller: J. P. Rinal
 Date drilling completed: 2-18-11

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:
 Acct #: 6 184
 Well #: _____
 I. 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 (Lundown if borehole is not for a water well) | | Well or Borehole Location | |
| Owner Name: <u>Bobby Fumby</u> | | Latitude: <u>30</u> ⁵⁰ <u>40</u> ²⁴ | Longitude: <u>88</u> ³⁵ <u>50</u> ³⁰ |
| Mailing Address: <u>111 Cooks Corner Rd</u> | | Method of Lat Long (circle one): Conventional Survey | |
| <u>Cumada, MS 39452</u> | | <input checked="" type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <u>NE</u> <u>SW</u> Sec <u>28</u> Twn <u>25</u> Rng <u>6W</u> | |
| City: _____ State: _____ Zip Code: _____ | | SE Distance: <u>5</u> Miles | Direction: <u>South</u> Nearest Town: <u>Cumada, MS</u> |
| Telephone No.: <u>(228) 218-4400</u> | | | |

Well / Borehole Data

Date drilling started: 2-18-11 Date drilling completed: 2-18-11 Hole depth: 60 Hole diameter: 2

Location of the source of any surface water used for drilling: Agula, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal 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: 2 feet above or below (circle one) land surface Date measured: 2-18-11

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 50 feet Casing diameter: 2 inches Type of casing: 3ch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 3ch 40 Plastic

Screen slot size: 6 inches Setting depth: From 0 feet to 60 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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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)

For Office Use Only:

Aquifer:
Well #:
Elevation:

County: George
Permit #: 0-780
Driller: J-Piunt
Date completed: 2-18-11
Copy information from block on Part 1

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: Bobby Fambrey
Mailing Address: 111 Cooks Corn Rd
Lumbah ms 39452
City State Zip Code
Telephone No. (228) 218 4400

Well Location
Latitude: 30-50-409 Longitude: 88-35-501
Method of Lat Long (check one): Conventional Survey
USGS quad NE SW Sec 28 T 25 R 6W
Distance 5 Miles Direction South of Nearest Town Lumbah, ms

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 2-18-11
Rated Pump Capacity: 5 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor:
Setting Depth: 30 ft line feet
Number of Stages: 2

Pump Test Data
Date Well Tested: 2-18-11
Static Water Level (A): 2 Feet Below Land Surface
Pumping Water Level (B): 30 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface
Test Pumping Rate: 5 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head:
Well yielded 5 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 Piunt 0-780
Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)
Form: OLWR-SWR-1B (04/08)