

County: George
 Permit #: 0-780
 Driller: J-Pieul
 Date drilling completed: 6-24-13

State Well Report

Part 1 - Driller's Log

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 #: G 203
 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)	Well or Borehole Location
Owner Name: <u>James Walker</u>	Latitude: <u>30° 50' 41"</u> Longitude: <u>88° 36' 71"</u>
Mailing Address: <u>111 Tribenidge</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>26</u>
<u>Candale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 DE 1/4 Sec 77 Twn 25 Rng 6W</u>
Telephone No. <u>(601) 508-4000</u>	Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Candale, MS</u>

Well / Borehole Data

Date drilling started: 6-24-13 Date drilling completed: 6-24-13 Hole depth: 60 Hole diameter: 4

Location of the source of any surface water used for drilling: Azula, 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: 5 feet above of below (circle one) land surface Date measured: 6-24-13

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: 4 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 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*

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

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 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)

For Office Use Only:

Aquifer: _____
 Well #: 6203
 Elevation: _____

County: DeSoto
 Permit #: 0-780
 Driller: J-Pierre
 Date completed: 6-24-13
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	Well Location
Owner Name: <u>James Walker</u>	Latitude: <u>30-50-41</u> Longitude: <u>88-36-71</u>
Mailing Address: <u>111 Tinsbury</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Woodale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 74 T 25 R 6W</u>
Telephone No. <u>601 508-4000</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Woodale, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<input checked="" type="checkbox"/> <u>Submersible</u>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Other (specify): _____	Setting Depth: <u>40 Inst Pipe</u> feet
Date Pump Installed: <u>6-24-13</u>	Number of Stages: <u>10</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>6-24-13</u>	<input checked="" type="checkbox"/> <u>Air Line</u>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	Well yielded <u>20</u> GPM with a drawdown of
	<u>2</u> feet after <u>48</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

JOEL PIERRE 0-780 Joel Pierre
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer


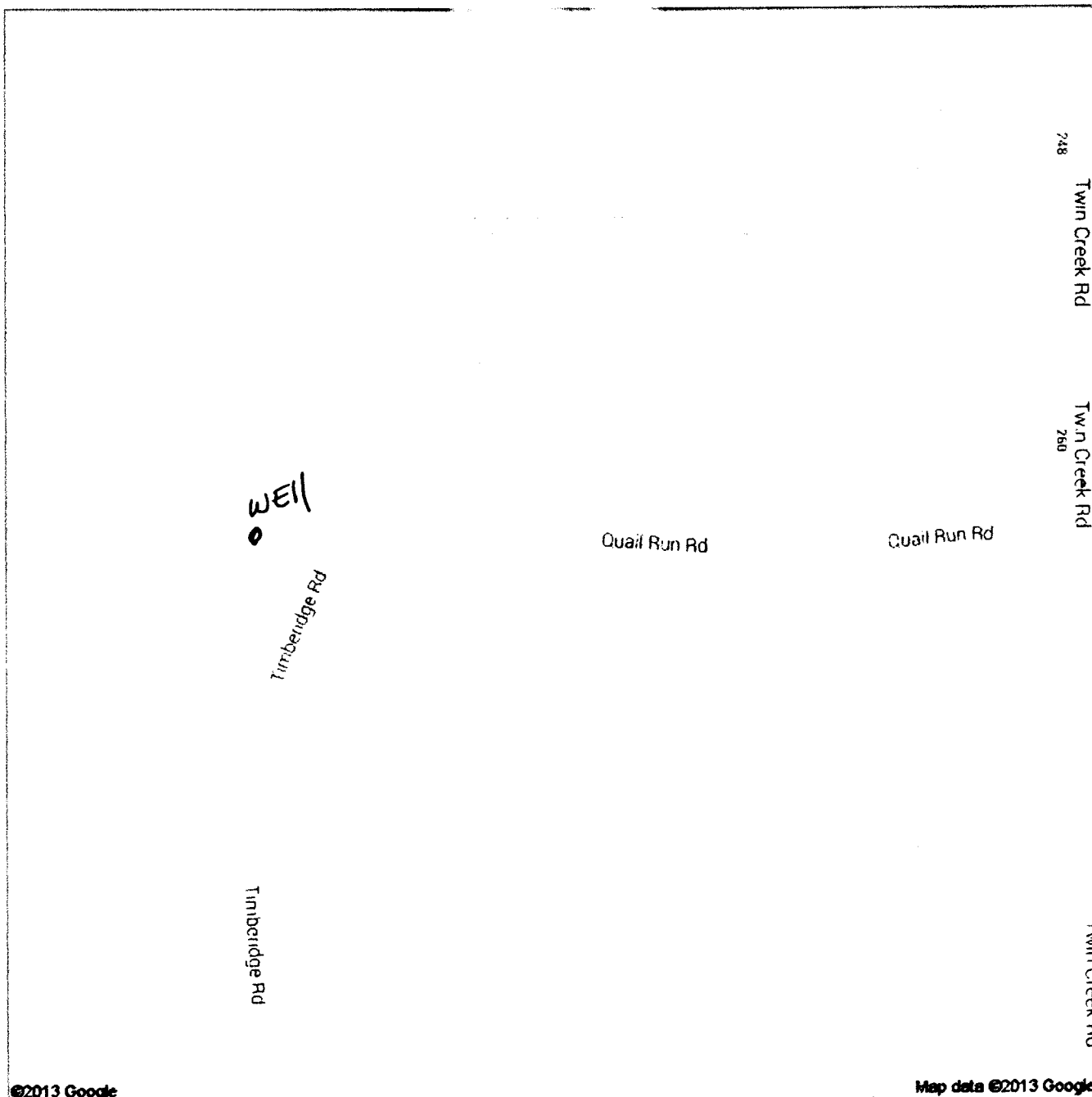
JUN 28 2013

BY OLWR



Address Lucedale, MS 39452

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BY: [signature]