

County: George
 Permit #: 0-780
 Driller: J-Pew
 Date drilling completed: 12-23-13

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 #: 6208
 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>Thomas Smith</u>	Latitude: <u>30° 50' 26"</u> Longitude: <u>88° 35' 18"</u>
Mailing Address: <u>111 Davin Churchwell Rd Lucedale, MS</u>	Method of Lat/Long (circle one): <u>51</u> Conventional Survey, <u>33</u> <u>26</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>14S</u> <u>1/4</u> <u>5W</u> <u>1/4</u> Sec <u>26</u> Twn <u>25</u> Rng <u>5W</u>
Telephone No. (<u>601</u>) <u>947-4593</u>	SE NW Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 12-21 Date drilling completed: 12-23 Hole depth: 260 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquila, 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: 12-23-13

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

Well depth: 260 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: sch 40 Plastic

Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40 '1'

Screen slot size: 12 inches Setting depth: From 0 feet to 260 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)

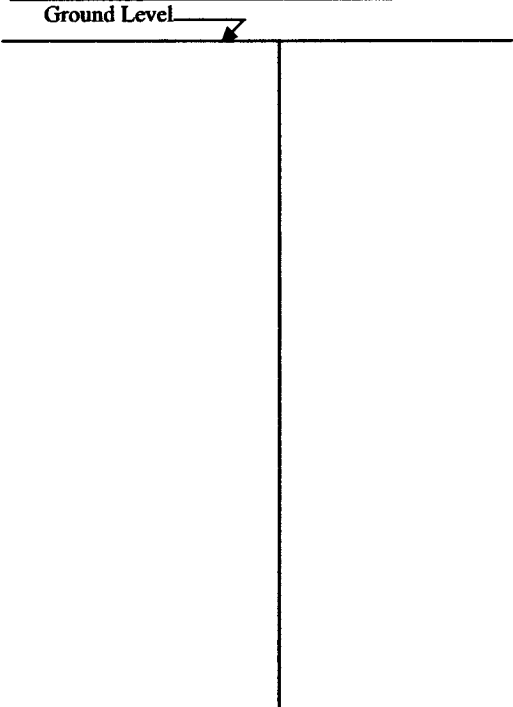
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BY: [Signature]

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sand	0	30
clay	30	40
sand	40	75
clay	75	185
sand	185	260

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Thomas Smith

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Pier 0-784 12-23-13

Print Name of Responsible Licensee and License No. Date

Joel Pier

Signature of Licensee

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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)

County: George
 Permit #: 0-780
 Driller: J-Paine
 Date completed: 12-23-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 6208
 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>Thomas Smith</u>	Latitude: <u>30-50-26</u> Longitude: <u>88-35-10</u>
Mailing Address: <u>111 Main Church Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cumada MO 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 26 T 25 R 5W</u>
Telephone No. <u>(601) 947-4593</u>	Distance Direction Nearest Town <u>5 Miles NW of Agula, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2 hp</u>
Date Pump Installed: <u>12-23-13</u>	Setting Depth: <u>160 Drop Pipe</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>25</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>12-23-13</u>	Circle one
Static Water Level (A): <u>5</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>5</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 Paine 0-780 Joel Paine
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

JAN 31 2014
BY: OLWR