

County: George
 Permit #: 0-780
 Driller: Joel Pi
 Date drilling completed: 2-23-10

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: L 202
 Well #: _____
 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>Georg Camen</u>	Latitude: <u>30° 46' 26.4" N</u> Longitude: <u>88° 37' 31.9" W</u>
Mailing Address: <u>111 Grain Elevator Rd</u>	Method of Lat Long (circle one): Conventional Survey
<u>Lumbah MS 39452</u>	USGS quad: <u>16 NW 19</u> Hand-held GPS: _____ Survey-grade GPS: _____
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Sec <u>19</u> Twn <u>35</u> Rng <u>7W</u> <u>6W</u>
Telephone No. <u>(228) 366-4511</u>	Distance: <u>1 1/2</u> Miles Direction: <u>west</u> of Nearest Town: <u>Boston, MS</u>

Well / Borehole Data

Date drilling started: 2-23-10 Date drilling completed: 2-23-10 Hole depth: 110 Hole diameter: 2

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

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: 2-23-10

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 100 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 110 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: OJWF

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: L202
Well #: _____
Elevation: _____

County: DeSoto
Permit #: 0-780
Driller: Joel Pi
Date completed: 2-23-10

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: George Cameron
Mailing Address: 111 Main Elevator Rd
Laudah ms 39452
City State Zip Code
Telephone No. (228) 366-4511

Well Location

Latitude: 30-46-264 Longitude: 88-37-318
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS Survey-grade GPS _____
NE 1/4 NW 1/4 Sec 19 T 35 R 7W
Distance Direction Nearest Town
1 1/2 Miles west of Princeton, ms

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 2-23-10
Rated Pump Capacity: 10 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: 1 hp
Setting Depth: 60 feet level feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 2-23-10
Static Water Level (A): 5 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): 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: _____ 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 Pi 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pi
Signature of Pump Installer

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

BY: OLWR