

County: George
 Permit #: 0-780
 Driller: J. Spivey
 Date drilling completed: 5-2-14

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 #: L231
 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>Lewis Carter</u>	Latitude: <u>30° 47' 44" N</u> Longitude: <u>88° 33' 26" W</u>
Mailing Address: <u>111 Holly Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Amudale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 14 Twn 35 Rng 6W</u>
Telephone No. <u>(228) 218-7110</u>	Distance Direction Nearest Town
	<u>3 Miles SW of Aquila, MS</u>

Well / Borehole Data

Date drilling started: 5-2-14 Date drilling completed: 5-2-14 Hole depth: 80 Hole diameter: 2

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 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: 5-2-14

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 2 inches Type of casing: sch 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 40

Screen slot size: 10 inches Setting depth: From 0 feet to 80 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***

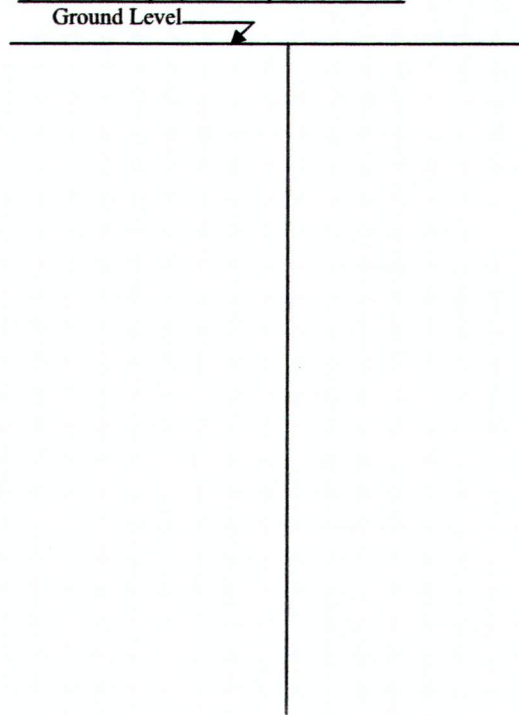
Form: OLWR-SWR-1A (04/08)

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 MAY 16 2014
 BY: OLWR

The sketch below only required for water wells

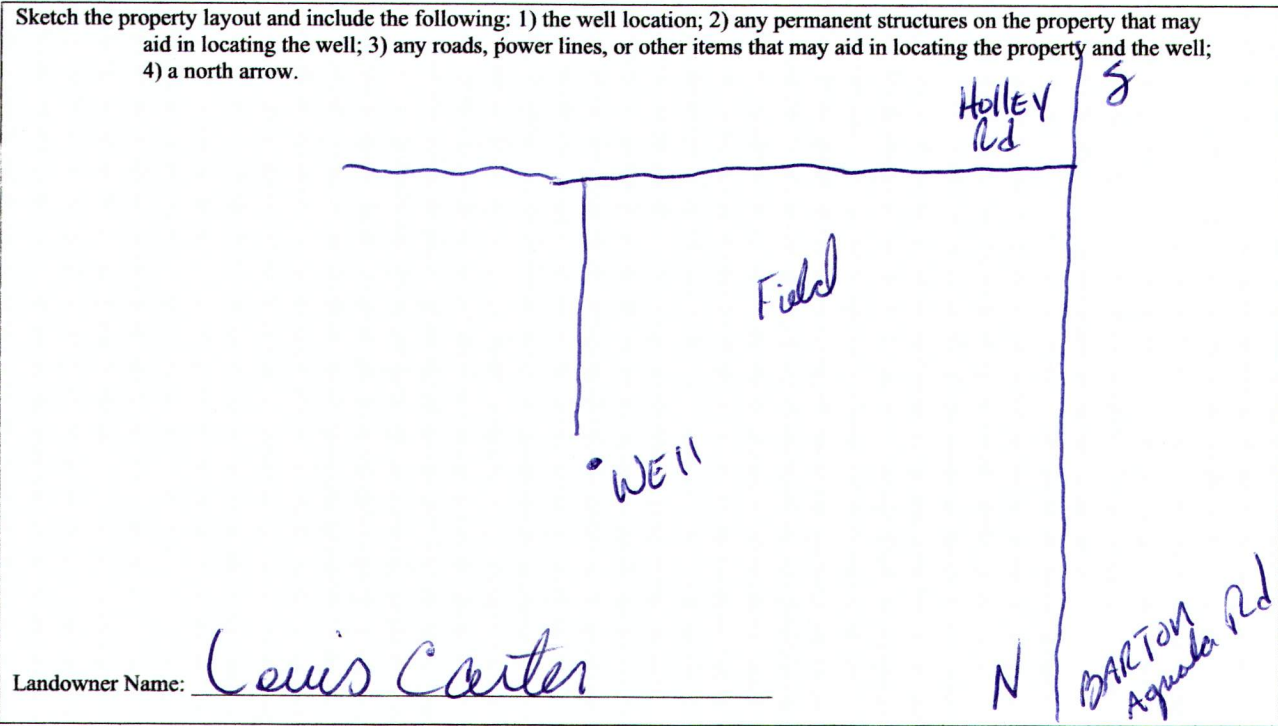
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red sand	0	20
Clay	20	30
Sand	30	80

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



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 Piew 0-780 5-2-14 Joel Pi

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: L231

Elevation: _____

County: DeKalb

Permit #: 0-780

Driller: J.P.

Date completed: 5-2-14

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: Lewis Carter

Mailing Address: 111 Holley Rd

Luadale MS 39452
City State Zip Code

Telephone No. 228 218-7110

Well Location

Latitude: 30-~~44~~⁴⁷-~~44~~³³ Longitude: 88-33-~~26~~⁰⁹

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS Survey-grade GPS _____

NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 14 T 35 R 6W

Distance 3 Miles Direction SW of Nearest Town Agona, MS

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5-2-14

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

Setting Depth: 46 ft line feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 5 Feet Below Land Surface

Pumping Water Level (B): 40 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

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

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

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

Joel Pierce
Signature of Pump Installer

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MAY 16 2014

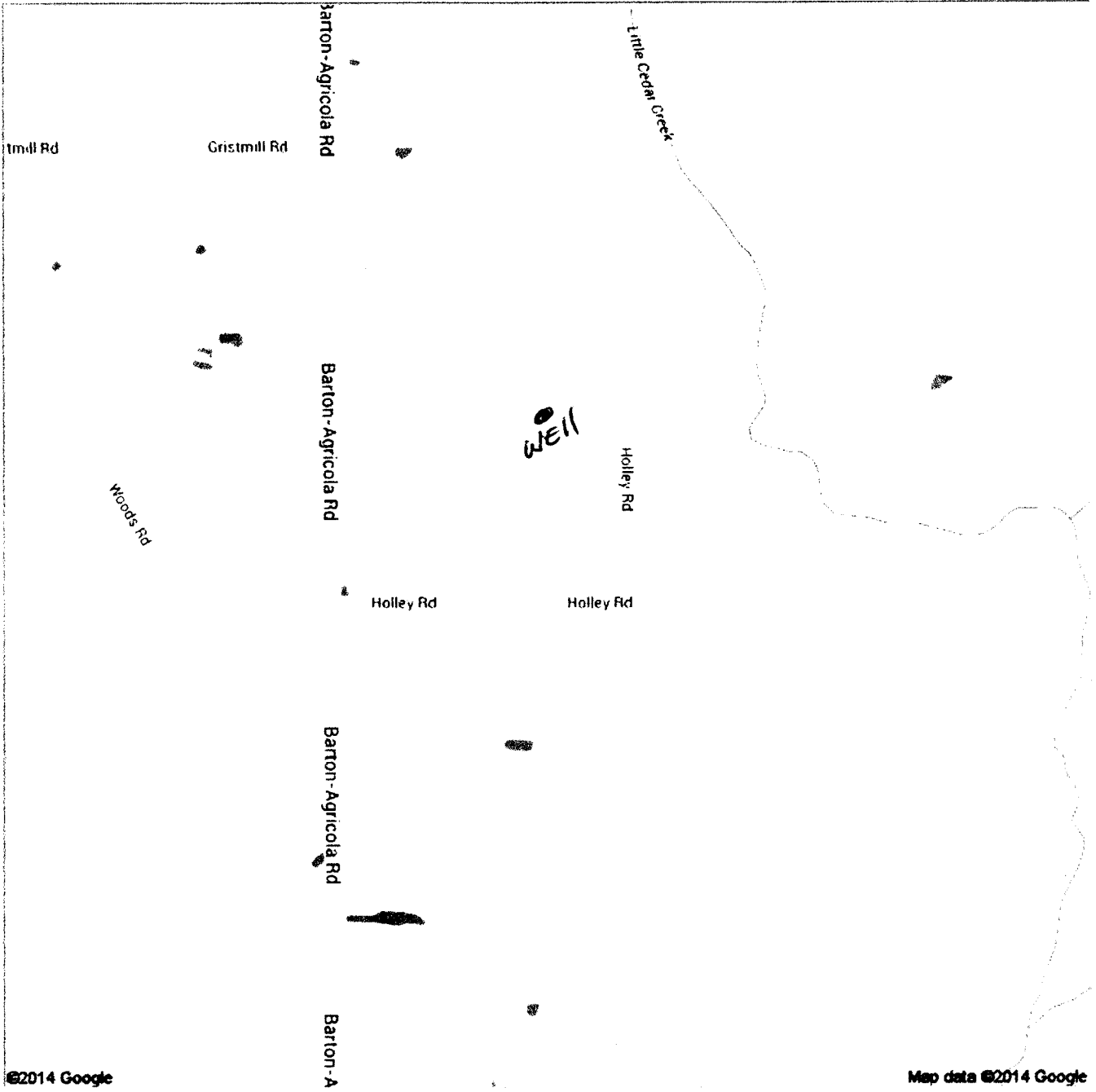
Form: OLWR-SWR-1C (07-09)

BY: OLWR



Address Agricola, MS 39452

L231



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PAULWR