

County: George
 Permit #: 0-780
 Driller: Joel Piehl
 Date drilling completed: 3-30-09

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: _____
 Well #: M-192
 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>Eddie Scott</u>	Latitude: <u>30° 46' 140"</u> Longitude: <u>88° 25' 856"</u>
Mailing Address: <u>2349 Howell Tam Chapel</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Lumbah MS 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 24 Twn 35 Rng 5W</u>
Telephone No. <u>(251) 680-1211</u>	Distance Direction Nearest Town
	<u>1 Miles East of Howell county, MS</u>

Well / Borehole Data

Date drilling started: 3-30-09 Date drilling completed: 3-30-09 Hole depth: 130 Hole diameter: 2

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

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal below

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: 3-30-09

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

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

Screen slot size: 10 inches Setting depth: From 0 feet to 130 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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M-192

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.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sand	0	15
white sand	15	70
gravel	70	130

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: Eddie Scott

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, and applicable state laws.

Joel Pien 0-780 3-30-09

Joel Pien **RECEIVED**
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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: DeSoto
 Permit #: 0-780
 Driller: Joel Pire
 Date completed: 3-30-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-192
 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>Eddie Scott</u>	Latitude: <u>30-46-140</u> Longitude: <u>88-25-856</u>
Mailing Address: <u>2349 Howell Town</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbah</u> <u>ms</u> <u>39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>24</u> T <u>35</u> R <u>5W</u>
Telephone No. <u>(251) 680-1211</u>	Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Howell county, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-30-09</u>	Setting Depth: <u>60 Jet line</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-09</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

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

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

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