

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mick J Wade  
 Date drilling completed: 9-29-10

**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: M 206  
 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<br>(Landowner if borehole is not for a water well)  | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Jerry Silman</u><br>Mailing Address: <u>61490 Hwy 612</u><br><u>Lucedal MS 39452</u><br>City State Zip Code<br>Telephone No. ( ) _____ | Latitude: <u>30° 45' <del>27</del> <sup>54</sup></u> Longitude: <u>088° 25' <del>46</del> <sup>27</sup></u><br>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS<br><u>SE</u> ¼ <u>SW</u> ¼ Sec <u>19</u> Twn <u>T35</u> Rng <u>R4W</u><br>Distance Direction Nearest Town<br><u>6</u> Miles <u>SE</u> of <u>Agricola</u> |

**Well / Borehole Data**

Date drilling started: 9-29-10 Date drilling completed: 9-29-10 Hole depth: 90 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 56 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 90 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 80 feet to 90 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)

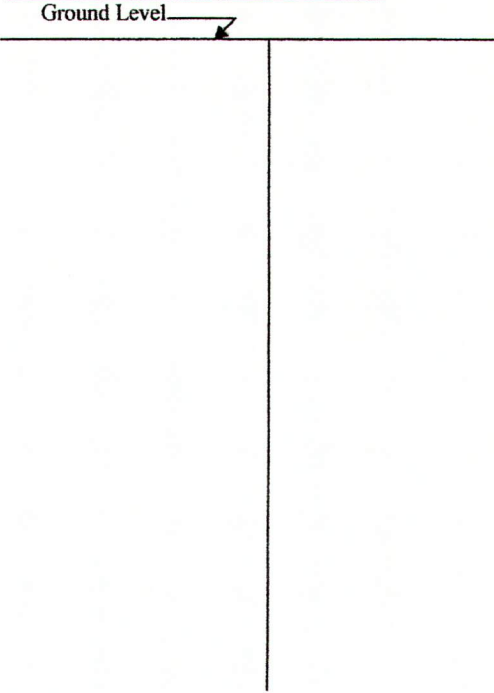
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**BY: OLWR**

M206

The sketch below only required for water wells

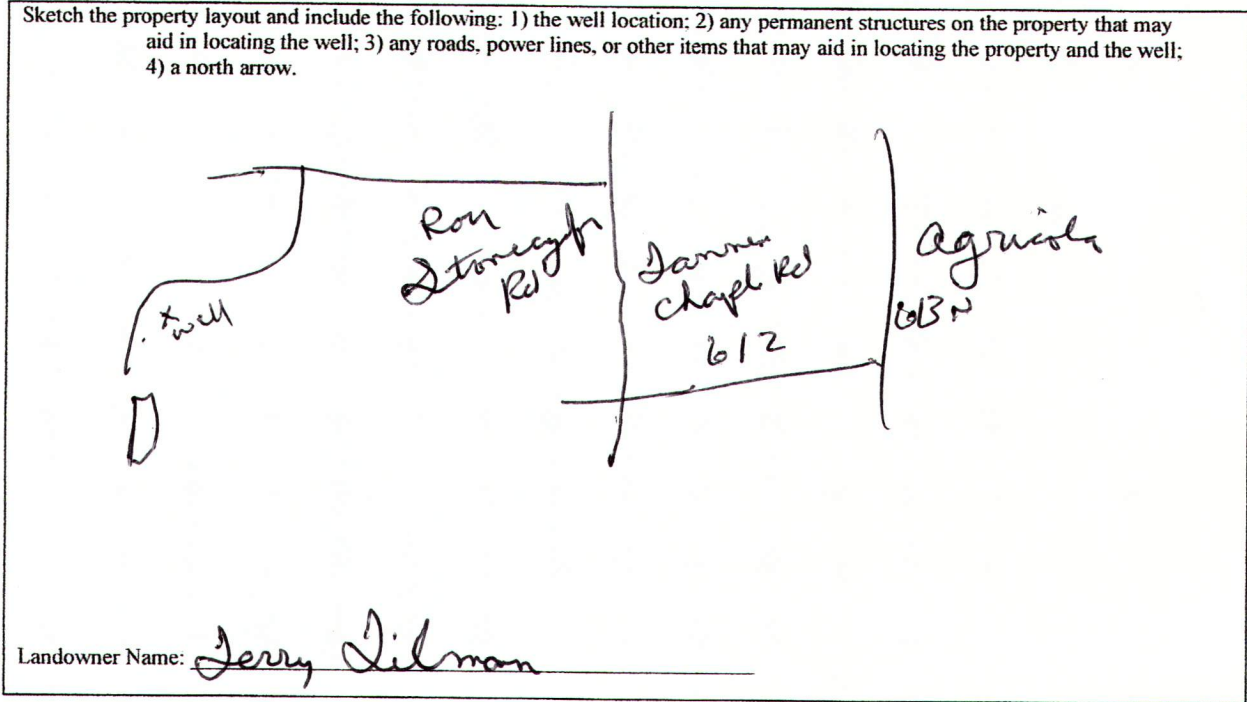
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| Clay                                  | 0            | 3          |
| Sand                                  | 3            | 23         |
| Clay                                  | 23           | 55         |
| Sand                                  | 55           | 65         |
| Clay                                  | 65           | 78         |
| Sand                                  | 78           | 90         |
|                                       |              |            |
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|                                       |              |            |

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



Landowner Name: Jerry Dilman

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.

Michael R Fry 104089-29-10  
Print Name of Responsible Licensee and License No.      Date

Michael R Fry  
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)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Mike L Wade  
 Date completed: 9-30-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M206  
 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>Larry Silman</u>       | Latitude: <u>30-45-9.7</u> Longitude: <u>088-25-42.8</u>     |
| Mailing Address: <u>61990 Hwy 612</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Dezard, Ms 39452</u>               | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                   | _____ 1/4 _____ 1/4 Sec <u>19</u> T <u>35</u> R <u>4W</u>    |
| Telephone No. (____) _____            | Distance Direction Nearest Town                              |
|                                       | <u>6</u> Miles <u>SE</u> of <u>Agrioka</u>                   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine   | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well   | Windmill Other (specify): _____                                  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>                            |
| Date Pump Installed: <u>9-30-10</u>   | Setting Depth: <u>80</u> feet                                    |
| Rated Pump Capacity: <u>8-1/2</u> Gallons Per Minute                            | Number of Stages: <u>2</u>                                       |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>9-30-10</u>                           | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>56</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>66</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface    | Well yielded <u>8</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>8</u> Gallons Per Minute             | <u>10</u> feet after <u>1 1/2</u> hours of pumping   |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours    |  |

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

Michael R Fry Fogel 0408 Michael R Fry Fogel  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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