

County: DeKalb  
 Permit #: 0-780  
 Driller: W. Gael Pierce  
 Date drilling completed: 10-20-11

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: M 213  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mike Holcomb</u>        Mailing Address: <u>2800 Tanner Town Rd</u>  <u>Lundale MS 39452</u>        City State Zip Code        Telephone No. <u>(601) 942-4300</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 44' 27"</u> Longitude: <u>88° 28' 54"</u>        Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>32</u>        USGS quad: <u>SW 1/4 100</u> Sec <u>34</u> Twn <u>35</u> Rng <u>5W</u>        Distance <u>5</u> Miles Direction <u>SE</u> of Nearest Town <u>Aquela, MS</u></p>
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**Well / Borehole Data**

Date drilling started: 10-20-11 Date drilling completed: 10-20-11 Hole depth: 230 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquela, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 5 gal 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: 10-20-11

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

Well depth: 230 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220 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 220 feet to 230 feet

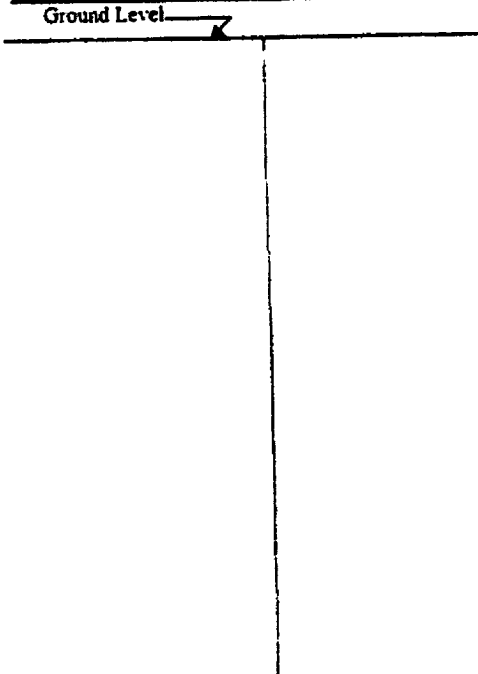
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A  
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**BY: OLWR**

The sketch below only required for water wells

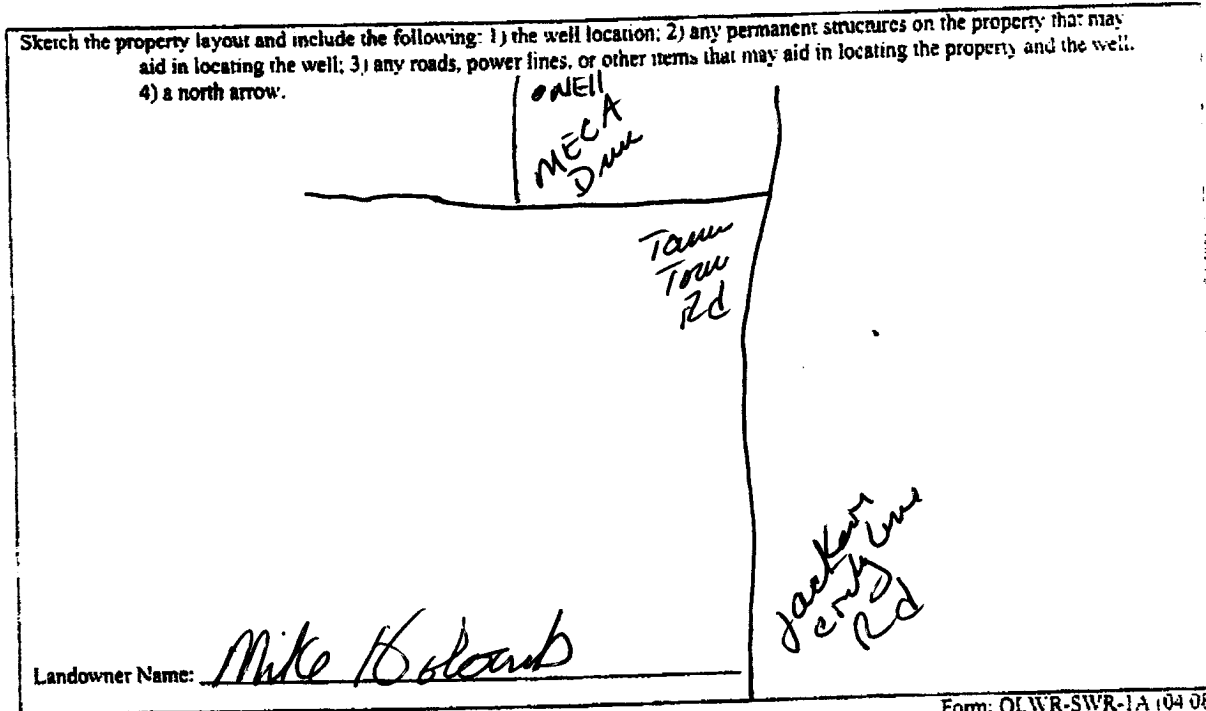
If well telescopes, show depths on sketch.



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	90
green clay	90	200
grey sand	200	230

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.

Print Name of Responsible Licensee and License No. Jalvin 0-780

Date 9/20-11

Signature of Licensee Jalvin RECEIVED

NOV 09 2011

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M213  
 Elevation: \_\_\_\_\_

County: DeSoto  
 Permit #: 0-780  
 Driller: J. Pierre  
 Date completed: 9-20-11  
*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: Mike Holcomb  
 Mailing Address: 2800 Tammy Town Rd  
Cordoba ms 39452  
 City State Zip Code  
 Telephone No. (601) 947-4300

**Well Location**

Latitude: 30-44-271 Longitude: 88-28-546  
 Method of Lat Long (check one):  Conventional Survey  GPS  32  
 USGS quad SW 16 Hand-held GPS  Survey-grade GPS   
SW 16 Sec 34 T 35 R SW  
 Distance 5 Miles SW Direction Nearest Town Academy ms

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 9-20-11  
 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: 40 Jet Line feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: 9-20-11  
 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 P. 0-780 Joel P.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form: **RECEIVED** NOV 09 2011 **BY: OLWA**