

County: Greene
 Permit #: 0-780
 Driller: Joel Puel
 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 #: R-44
 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	Well or Borehole Location
<i>(Landowner if borehole is not for a water well)</i>	
Owner Name: <u>Joe Stewart</u>	Latitude: <u>31° 02' 888"</u> Longitude: <u>88° 45' 367"</u>
Mailing Address: <u>111 Shortwood Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>53</u> <u>22</u>
City: <u>Leaksville MS</u> State: <u>MS</u> Zip Code: <u>39563</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No.: <u>(601) 947-1380</u>	NW <u>1/4</u> SE <u>1/4</u> Sec <u>25</u> Twn <u>1N</u> Rng <u>8W</u>
	Distance: <u>12</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Cumtuh, MS</u>
Well / Borehole Data	
Date drilling started: <u>3-30-09</u> Date drilling completed: <u>3-30-09</u> Hole depth: <u>65</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Aquifer, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>2000 water 4 gal chlorine</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>3</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-30-09</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>65</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>sch 40 11</u>	
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>sch 40 Plastic</u>	
Screen slot size: <u>10</u> inches Setting depth: From <u>0</u> feet to <u>65</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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

For Office Use Only:

Aquifer: _____
 Well #: R-94
 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>Joel Stewart</u>	Latitude: <u>31-02-888</u> Longitude: <u>88-45-367</u>
Mailing Address: <u>111 Shadywood Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leakville ms 39563</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 25 T 1N R 7W</u>
Telephone No. <u>(601) 947-1380</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>NW</u> of <u>Lumbah, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-30-09</u>	Setting Depth: <u>40 ft 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="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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 Pien 0-780 Joel Pien
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 14 2009

Form: **BY: OLWR** (R-SW-1-10/08)