

County: Dreene
 Permit #: 0-780
 Driller: W. Joell Pierce
 Date drilling completed: 10-4
10-4-07

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: _____
 Well #: 5-20
 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>Jing Washam</u>	Latitude: <u>88° 43' 82"</u> Longitude: <u>31° 01' 807"</u>
Mailing Address: <u>110 Tom Miller Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>48</u>
<u>Leaksville</u> <u>MS</u> <u>39562</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>19</u> Twn <u>1N</u> Rng <u>7W</u>
Telephone No. (<u>251</u>) - <u>461</u> - <u>4510</u>	Distance Direction Nearest Town <u>8</u> Miles <u>west</u> of <u>Leaksville, MS</u>

Well / Borehole Data

Date drilling started: 10-4-07 Date drilling completed: 10-4-07 Hole depth: 70 Hole diameter: 2

Location of the source of any surface water used for drilling: Agordo, MS
 Method of dosing and volume of Chlorine used in drilling and development: 4gal Chlorine 2000 water

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: 3 feet above or below (circle one) land surface Date measured: 10-4-07

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 1"

Screen slot size: 6 inches Setting depth: From 0 feet to 70 feet
10 FT Screen 60 casing

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*

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Form: OLWR-SWR-1A

OCT 31 2007

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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Greene
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 10-4-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5-20
 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

Owner Name: Jimmy Washburn
 Mailing Address: 110 Tom Miller Rd
Leaksville MS 39562
 City State Zip Code
 Telephone No. (251) - 401-4510

Well Location

Latitude: 88 43 826 Longitude: 71-01 807
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS Survey-grade GPS _____
SW 1/4 NE 1/4 Sec 19 T 1 N R 7 W
 Distance Direction Nearest Town
8 Miles west of Lumbago, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-4-07
 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 hp
 Setting Depth: 40 ft line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 10-4-07
 Static Water Level (A): 3 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 8 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 8 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 Pierce 0-780
 Print Name of Pump Installer and License No. (if applicable)

Joel Pierce OCT 31 2007
 Signature of Pump Installer BY: OLWR