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BY: OLWR

For Office Use Only:

County: Greene
 Permit #: 0-789
 Driller: Joel P.
 Date drilling completed: 6-9-08

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)

Aquifer: _____
 Well #: 5-24
 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>Kern Smith</u>	Latitude: <u>88° 40' 909"</u> Longitude: <u>31° 00' 506"</u>
Mailing Address: <u>129 Vernal Run Rd</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>30</u>
<u>Lumbaker ms 39652</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 34 Twn 1N Rng 7W</u>
Telephone No. <u>(201) 541-3893</u>	Distance Direction Nearest Town <u>6</u> Miles <u>west</u> of <u>Lumbaker, ms</u>

Well / Borehole Data

Date drilling started: 6-9-08 Date drilling completed: 6-9 Hole depth: 110 Hole diameter: 4

Location of the source of any surface water used for drilling: Agua, ms

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 40 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: 2 feet above or below (circle one) land surface Date measured: 6-9-08

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 80 + 1/2"

Screen slot size: 10 inches Setting depth: From 0 feet to 110 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**

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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: Deen
Permit #: 0-780
Driller: Joel Pi
Date completed: 6-9-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: 5-24
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: Ken Suter, Mailing Address: 129 Vernal River Rd, Leadville, MS 39562, Telephone No. (281) 541-3893
Well Location: Latitude: 88-40-909, Longitude: 91 00 506, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 SW 1/4 Sec 34 T 1N R 7W, Distance: 6 Miles, Direction: west, Nearest Town: Leadville, MS

Pump Type: Air Lift, Bucket, Centrifugal, Other (specify):, Date Pump Installed: 6-9-08, Rated Pump Capacity: 30 Gallons Per Minute
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):, Horse Power Rating of Motor: 1, Setting Depth: 106 feet, Number of Stages: 10

Pump Test Data: Date Well Tested: 6-9-08, Static Water Level (A): 2 Feet Below Land Surface, Pumping Water Level (B): 100 Feet Below Land Surface, Drawdown [(B) - (A)]: 2 Feet Below Land Surface, Test Pumping Rate: 30 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 48 hours
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape, Other (specify):, For flowing well, measured shut in head: feet, Well yielded 30 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.
Print Name of Pump Installer and License No. (if applicable): Joel Pi 0-780
Signature of Pump Installer: Joel Pi