

County: Green
 Permit #: _____
 Driller: M. J. & W. J.
 Date drilling completed: 1-3-13

State Well Report
Part 1 – Driller's Log
 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: U 113
 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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Kenny Davis</u> Mailing Address: <u>125 Dick Nobby Rd</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. () _____</p> | <p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 00' 25.6" N</u> Longitude: <u>88° 26' 52.5" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> <u>NW 1/4 Sec 20 T15 R5W</u> Distance Direction Nearest Town <u>9</u> Miles <u>NE</u> of <u>Lucedale</u></p> |
|---|---|

Well / Borehole Data

Date drilling started: 12-20-12 Date drilling completed: 12-20-12 Hole depth: 100 Hole diameter: 7 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: 80 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 90 feet to 100 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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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: Greene
 Permit #: _____
 Driller: Michael Wed
 Date completed: 1-3-13
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Renny Dancer</u> | Latitude: <u>31-00-25N</u> Longitude: <u>88-26-87SW</u> |
| Mailing Address: <u>125 Dick Hobby Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Lucedale Ms 39452</u> City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>2</u> T <u>15</u> R <u>5W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Lucedale</u> |

| Pump Type | Power Type |
|--|--|
| Circle one | Circle one |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>12-27-12</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Circle one | Circle one |
| Date Well Tested: _____ | <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>90</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>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>10</u> feet after <u>1 1/4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Form: OLWR-SWR-1C (07-09)

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