

County: Hinds
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 10-3-12

State Well Report
Part I - 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 #: V134
 L. S. Elevation: 335
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Peno Properties</u> Mailing Address: <u>9381 Hwy 55 S</u> <u>Frontage Rd</u> <u>Terry MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 07' 47"</u> Longitude: <u>90° 17' 22"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> x <u>SW</u> Sec <u>3</u> Twn <u>3N</u> Rng <u>1W</u> Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 10-2 Date drilling completed: 10-3 Hole depth: 170 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: well
 Method of dosing and volume of Chlorine used in drilling and development: 1 PER 3000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running log(s): DEQ

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: 100 feet above or below (circle one) land surface Date measured: 10-4-12

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

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

Casing length: _____ feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 145 feet to 165 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Neutral Development
 Other (describe): _____

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

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: Hinds
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 10-4-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: V13A
 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>PENO FARMS</u>	Latitude: <u>32-07-47</u> Longitude: <u>90-17-22</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE ¼ SW ¼ Sec 3 T 3N R 1W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one:	Power Type Circle one:
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: 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>10-4-12</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one:
Date Well Tested: <u>10-4</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY 510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: OLWR-SWR-1B