

County: Holmes
 Permit #: GW-44623
 Irrigation Equipment
 Date drilling completed: 11-24-10

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: 584
 Well #: _____
 I. 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) Owner Name: <u>Alan Kent Hilburn</u> Mailing Address: <u>184 Bayou Road</u> <u>Greenville Ms. 38701</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>33-06-37.9</u> Longitude: <u>90-14-52.9</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE ¼ NE ¼ Sec 36 Twn 15N Rng 1W</u> Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Tchula</u>
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Well / Borehole Data

Date drilling started: 11-24-10 Date drilling completed: 11-24-10 Hole depth: 117 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: _____ feet above of below (circle one) land surface Date measured: _____

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 114 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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J 84

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →

Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	47
Fine Sand	48	60
Fine Sand + Gravel	61	73
Medium Sand + Gravel	74	114
Fine Sand	115	117

Blanked 3' on bottom

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Alan Kent Hilburn

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

I certify that the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M Chism 0695

Print Name of Responsible Licensee and License No. Date

Patrick M Chism

Signature of Licensee

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County: Holmes
 Permit #: GW-44623
 Irrigation Equipment
 Driller: _____
 Date completed: 11-24-10
 Copy information from block on Part 1

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)

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>Alan Kent Hilburn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>184 Bayou Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville Ms. 38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 36 T15N R 1W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles SW of Tchula</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11-29-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): _____ hours	_____ feet after _____ hours of pumping

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.
 Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Patrick M Chism
 Signature of Pump Installer

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

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