

County: Humphreys
 Permit #: GW-45396
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-19-11

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:
 Well #: J131
 L. S. Elevation:
 E-log #:

State Law requires that this report be prepared by the licensee 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Marianne + Gerhard Keerl</u> Mailing Address: <u>P.O. Box 369</u> <u>Stanton Tx 38069</u> City State Zip Code Telephone No. ()</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 03' 48.5"</u> Longitude: <u>90° 27' 50.7"</u> Method of Lat/Long (circle one): Conventional Survey, <u>SI</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 13 Twn 14N Rng 3W</u> Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Silver City</u></p>
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Well / Borehole Data

Date drilling started: 8-19-11 Date drilling completed: 8-19-11 Hole depth: 127 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: 23 feet above or (below) (circle one) land surface Date measured: 8-25-11

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 87 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 88 feet to 127 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*

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: Humphreys
 Permit #: GW-45396
 Irrigation Equipment
 Driller: _____
 Date completed: 8-19-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J131
 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>Marianne + Gerhard Keerl</u> Mailing Address: <u>P.O. Box 369</u> <u>Stanton Tx 38069</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>33-03-48</u> Longitude: <u>90-27-51</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW 1/4 NW 1/4 Sec 13 T14N R 3W</u> Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Silver City</u>

Pump Type	Power Type
Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-25-11</u> Rated Pump Capacity: <u>2500±</u> Gallons Per Minute	Circle one <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

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