

County: Humphreys
 Permit #: _____
 Driller: Willie L. Bryant
 Date drilling completed: 11-10-12

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 #: J14A
 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: _____	Latitude: <u>33° 02' 27" N</u> Longitude: <u>89° 27' 32" W</u>
Mailing Address: <u>Trentiss Allen</u>	Method of Lat/Long (circle one): Conventional Survey, <u>52</u>
<u>1791 Lampkin Rd.</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Silver City 39166</u>	<u>SW 1/4 NE 1/4 Sec 24 Twn 14N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 519-7910</u>	<u>5</u> Miles <u>S</u> of <u>Silver City</u> <u>Lampkin Rd.</u>

Well / Borehole Data

Date drilling started: 11-10-12 Date drilling completed: 11-10-12 Hole depth: 104 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: Nearby well

Method of dosing and volume of Chlorine used in drilling and development: - 0 -

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: COWS

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 4-11-12

Method of Measurement (circle one) steel tape electric tape air line other: sonic water level meter

Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 4 inches Type of casing: PVC 160

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

Screen slot size: .013 inches Setting depth: From 64 feet to 104 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: - 0 - 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)

For Office Use Only:

Aquifer: _____
 Well #: J144
 Elevation: _____

County: Humphreys
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 11-11-12

Copy information from block on Part 1

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: _____	Latitude: <u>33° 02.87' N</u> Longitude: <u>090° 27.32' W</u>
Mailing Address: <u>Trentiss Allen</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁵² Survey-grade GPS <input checked="" type="checkbox"/> ¹⁹
<u>1791 Lampkin Rd</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Silver City, MS 39166</u>	<u>SW 1/4 NE 1/4 Sec 24 T 14N R 3W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>S</u> of Nearest Town <u>Silver City</u>
Telephone No. <u>(601) 519-7910</u>	<u>Lampkin Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	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"/>	Electric Motor <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>1.5</u>
Date Pump Installed: <u>11-11-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-23-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): <u>Sonic Water Level Reader</u>
Pumping Water Level (B): <u>27</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>32</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>32</u> Gallons Per Minute	
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.
Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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