## KERR

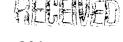
## State Well Report For Office Use Only: Part 1 - Driller's Log Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Well #: P.O. Box 2309 Jackson, MS 39225 L. S. Elevation: (601)961-5210 Date drilling completed: 10-21-2011 (601)961-5228 (fax) E-log #: State Law 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) Latitude: 32 • 39 • 33 " Longitude: 90 • 51 • 19 " Owner Name Ke(C Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Direction S. Nearest Town ONWAKO Distance Telephone No. ( Well / Borehole Data Date drilling started: 10.21.20 [Date drilling completed: 10.21-2011 Hole depth: 10.4] Location of the source of any surface water used for drilling: CREEK Method of dosing and volume of Chlorine used in drilling and development: CHURINE 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 X Fish Culture \_\_\_ Other: If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Static Water Level: \_\_\_\_\_feet above or below (circle one) land surface Date measured: \_\_\_\_\_ 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 Bentonit Mix Casing length: Casing diameter: inches Type of casing: Screen length: Screen diameter: inches Type of screen: Screen slot size: .050 inches Setting depth: From feet to feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Top of lap pipe or reduction in casing: \_\_\_\_\_\_feet. If telescoped or more than one screen, describe on next page

Other (describe):

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



DEC 1 2 2011

BYOWE

The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.	wells and boreholes, unless specificall	y exempted by regu	<u>lations</u>
Ground Level	Description of Formations Encountered		o (depth
	TOP SOIL	Ground Level	10
	CLAY	10	35
	FINE SAND CLAY STRIPS FINE MED SAND	35	<u> 40</u>
7515	COARSE SAND	40	200
75 LF 10'casing	BOTTOM	100	100
10 casina			- 1.3
1 -			
1 25 F			
25 LF 10" scens			
I IU SCEPEN			
<u> </u>			
aid in locating the well; 3) any roads, power lines, 4) a north arrow.	or other items that may aid in locating the pro	pperty and the well;	
certify that the well/borehole was drilled, constructed, and consisting the manner of Environmental Quality and the Miss.	Form ompleted in accordance with all applicable	-	he
	ate Signature of Licens	see	-

County: ISSAQUENA Permit #: GW - 45 399

Driller: J. NEWCOME 0.773 Date completed: 10.21 - 2011

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 #:G37
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: Method of Lat/Long (check one): Conventional Survey\_ Mailing Address Hand-held GPS Survey-grade GPS USGS quad Direction Nearest Town

5. of ONWARD Telephone No. ( Power Type Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Electric Motor Hand Tractor PTO Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Other (specify): 10.23-2011 Date Pump Installed: Setting Depth: Rated Pump Capacity: \_\_ Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Steel Tape Air Line Electric Measuring Line Feet Below Land Surface Static Water Level (A): Other (spec For flowing well, measured shut in head: Drawdown [(B) - (A)]: Feet Below Land Surface feet Gallons Per Minute Well yielded GPM with a drawdown of Test Pumping Rate: hours of pumping feet after Duration of Pump Test (minimum 4 hours): New Well

Replacement of Existing Pump

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

Print Name of Pump Installer and License No. (if applicable)

This is for (circle one):

Signature of Pump Installer

Repair of Existing Pump

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