County	<u>Itawamba</u>
county.	itawainba

Permit #:

Driller: Thomas Rossi __#0509

Date drilling completed: 09-09-2012

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 39225-2309 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:			
Well #: _			
Aquifer:	F5		
E-Log #:			

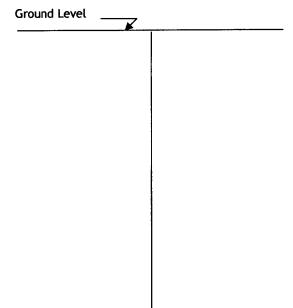
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: <u>34⁰ 20'33.522</u> Longitude: <u>88⁰ 12'16.585</u>	
Owner Name: Charles Mayhall	33 Method of Lat/Long (check one): Conventional Survey XXX	
Mailing Address: 21375 Hwy 23 North		
Tremont MS 38876	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	North 14 West 14, Sec 1 T 10 East R 8-South	
Telephone No. (<u>662) 652-3710</u>	SE NE 35 85 IOE 7 Miles North of Tremont, MS	
	(Distance) (Direction) (Nearest Town)	
Well / B	orehole Data	
Date drilling started: 09-06-2012 Date drilling completed: 09-09-2012 Hole depth: 95 Hole diameter: 4"		
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and development:		
Logs run (<i>circle all applicable</i>): No log run Electric Gamma Ray Density Sonic Neutron Other:		
Name of organization running log(s):		
Purpose of borehole (circle one): (Water Well) Geotechr	nical/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 (circle all applicable): (Home) Industrial Public Supply Irrigation Fish Culture		
Other (describe):		
If a flowing well, method of flow regulation: Valve Other (<i>describe</i>)		
Static Water Level: <u>55</u> feet [above or below] land surface Date measured: (circle one)		
Method of measurement (circle one): (Steel tape) Electric tape Air line Other (describe):		
Well depth: <u>95</u> Well grouted to a depth of: <u>35</u> feet Type of grout (<i>circle one</i>): Neat Cement		
Casing length: <u>85</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>10</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>		
Screen slot size: <u>013</u> inches Setting depth: From _	<u>.95⁸⁵feet to <u>\$595</u>feet BY 01000</u>	
Type of completion (circle all applicable): (Gravel packed) Underreamed Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet		
If telescoped or more than o	ne screen, describe on next page	

Permit #:

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Clay	0	5
Rock	5	8
Sandy Clay	8	12
Clay	12	20
Sand	20	32
Rock	32	35
Clay	35	40
Sand and Gravel	40	60
Rock	60	65
Sand and Gravel	65	95
	*	• • • • • • • • • • • • • • • • • • • •

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) north arrow

REC	ΕŊ	/ED
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MAY 2 0 2013

BY CHIMA

Landowner	Name:	Charles	Mayhall
Landomici	numer	Chartes	maynacc

I HEREBY CERTIFY that the well/borehole 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.

Thomas Rossi	#05 09	05-13-2013	71		\sim
				town 100	base
Print Name of Responsible L	icensee and License No.	Date		Signati	ure of License

County: Itawamba

Permit #: ___

Driller: Thomas Rossi #0509

Date completed: 09-09-2012

Copy information from block on Part 1

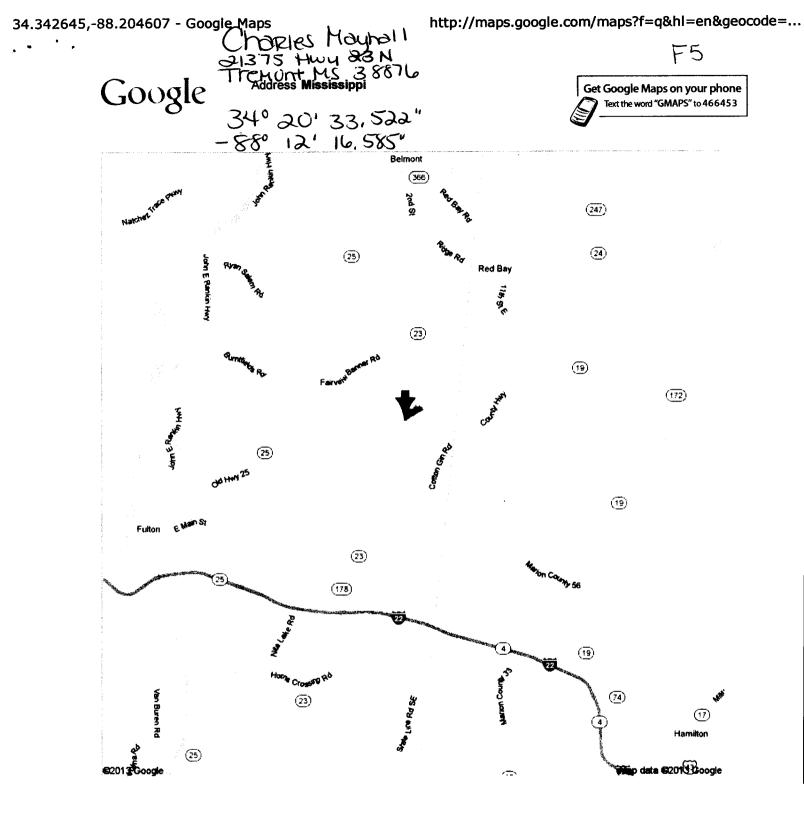
STATE WELL REPORT

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well #: F 5			
Aquifer:			

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>Charles Mayhall</u>	Latitude: <u>34⁰ 20'33.522"</u> Longitude: <u>88⁰ 12'16.585"</u>		
Mailing Address: 21375 Hwy 23 North	Method of Lat/Long (check one): Conventional Survey_XXX,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Tremont MS 38876	<u>North 14 West 14, Sec_1 T_10 East R_8 South</u>		
City State Zip Code	7 Miles North of Tremont, MS		
Telephone No. (<u>662) 652-3710</u>	(Distance) (Direction) (Nearest Town)		
Pump Typ	oe (circle one)		
(Submersible) Turbine Air Lift Centrifugal Flowing Wel	l Jet Piston Rotary Other (<i>describe</i>):		
Date Pump Installed: Gallons Per Minute			
Is This Pump (circle one): (<u>New)</u> Repaired Replacem			
Power Ty	pe (circle one)		
(Electric) Diesel Gasoline Natural Gas Tractor PTO W	indmill Other (<i>describe</i>):		
Horse Power Rating of Motor: <u>One</u> Setting Depth: <u>90</u> fee	et Number of Stages: <u>18</u>		
Pump Test Data	for Non Flowing Well		
Date Well Tested: Duration of Pump Test (<i>minimum 4 hours</i>): hours			
Static Water Level (A): <u>55</u> Feet Below Land Surface Pumping Water Level (B): <u>90</u> Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute			
Method of measurement (<i>circle one</i>): Steel tape Electric tape Air line Other (<i>describe</i>):			
	ta for Flowing Well		
Measured shut in head:feet.			
Well yieldedGPM with a drawdown of	feet afterhours of pumping		
Meter Installation			
Meter Manufacturer:	Meter Serial Number:		
Meter Model Number/Name: Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):			
Installation Date: Meter installed by:			
Is This Meter (circle one): New Repaired Replacement			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Thomas Rossi #0509	05-13-2013		
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer		



RECEIVED

MAY 20 2013 BY: OLMP