

County: Jackson
 Permit #: 0-780
 Driller: Joe Picoul
 Date drilling completed: 5-19-10

State Well Report
 Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5229 (fax)

For Office Use Only:
 Aquifer: D 351
 Well #: _____
 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: <u>Clayton Houes</u>	Latitude: <u>30° 39' 649"</u> Longitude: <u>88° 28' 166"</u>
Mailing Address: <u>Coleman Houes Rd</u>	Method of Lat Long (circle one): Conventional Survey
<u>Humbly</u> <u>MS</u> <u>39562</u>	USGS quad: <u>S10</u> <u>SE</u> <u>27</u> <u>45</u> <u>5W</u>
City: _____ State: _____ Zip Code: _____	<u>NW</u> <u>NE</u> <u>34</u>
Telephone No. <u>251, 645-1045</u>	Distance: <u>3</u> Miles <u>East</u> of <u>Humbly, MS</u>

Well / Borehole Data

Date drilling started: 5-19-10 Date drilling completed: 5-19-10 Hole depth: 60 Hole diameter: 2

Location of the source of any surface water used for drilling: Asubla MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal ch

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running logs: _____

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: 3 feet above below (circle one) land surface Date measured: 5-19-10

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 60 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 10/10

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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 #: _____
Elevation: _____

County: Jackson
 Permit #: 0-780
 Driller: Joel Pierce
 Date completed: 5-19-10
 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
 Owner Name: Coleman Homes
 Mailing Address: Coleman Homestead Rd
Hamby MS 39562
 City State Zip Code
 Telephone No. 251, 645-1045

Well Location
 Latitude: 30-39-649 Longitude: 88-28-166
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
SW SE SW Sec 27 T 45 R 5W
 Distance Direction Nearest Town
3 Miles East of Hamby, MS

Pump Type
 Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 5-19-10
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
 Circle one

<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Setting Depth: 30 ft line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 5-19-10
 Static Water Level (A): 5 Feet Below Land Surface
 Pumping Water Level (B): 30 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level
 Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 10 GPM with a drawdown of
2 feet after 48 hours of pumping

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

Joel Pierce 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pierce
Signature of Pump Installer
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