

County: Jackson
 Permit #: 0-280
 Driller: J-Piehl
 Date drilling completed: 8-25-11

State Well Report
 Part I - 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) 961-5225 (fax)

For Office Use Only:
 Acceptor: _____
 Well #: D359
 U.S. Environment: _____
 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>Harold Newsum</u>	Latitude: <u>30</u> <u>40</u> <u>31</u> Longitude: <u>88</u> <u>28</u> <u>473</u>
Mailing Address: <u>231 Alamosa Drive</u> <u>Alamosa</u>	Method of Lat Long (circle one): Conventional Survey <u>58</u>
City: <u>Hamby</u> State: <u>MS</u> Zip Code: <u>39452</u>	USGS quad: <u>NE</u> <u>SW</u> Sec: <u>28</u> ✓ Town: <u>45</u> Range: <u>5W</u>
Telephone No.: <u>228-990-4300</u>	Distance: <u>2</u> Miles Direction: <u>NE</u> Nearest Town: <u>Hamby, MS</u>

Well / Borehole Data

Date drilling started: 8-25-11 Date drilling completed: 8-25-11 Hole depth: 170 Well diameter: 2

Location of the source of any surface water used for drilling: Agua, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 5 gal Chlorine

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: 5 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: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite
 Casing length: 160 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 170 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 OLRW-SWR-1A 10-08

RECEIVED

SEP 09 2011

BY: OLRW

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

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	
white sand	0	35
yellow clay	35	100
green clay	100	120
green sand	120	170

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) a north arrow.

Landowner Name: Gerald narbonne N Hwy 613

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

I 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.

Joe Prew 0-780 8-26-11
Print Name of Responsible Licensee and License No. Date

Joe Prew
Signature of Licensee

SEP 30 2011
BY: 11098

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: Jackson
 Permit #: 0-280
 Driller: J. Piere
 Date completed: 8-26-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D359
 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>Gerald Norrance</u>	Latitude: <u>30-40-31</u> Longitude: <u>88-28-973</u> 18 58
Mailing Address: <u>231 Alamon Drive</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Humb</u> <u>MS</u> <u>39562</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> <u>SW</u> Sec <u>28</u> T <u>45</u> R <u>5W</u>
Telephone No. <u>988 990-4300</u>	SE NE Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Humb, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-26-11</u>	Setting Depth: <u>60 ft line</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-26-11</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Piere 0-280 Joel Piere
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 SEP 6 2011
 Form OLWRS-WATE (04/08)