

County: Jackson
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 7-30-07

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G-182
 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>Rusty Tynes</u>	Latitude: <u>88° 33' 59.1"</u> Longitude: <u>30° 37' 08.2"</u> <u>35</u> <u>05</u>
Mailing Address: <u>Junior Davis Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MOBILE Point MS 39562</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 14 Twn 55 Rng 6 W</u>
Telephone No. <u>(228) 623-3546</u>	Distance <u>4</u> Miles <u>South</u> Direction of <u>Wadley, MS</u> Nearest Town

Well / Borehole Data

Date drilling started: 7-30-07 Date drilling completed: 7-30-07 Hole depth: 70 Hole diameter: 2

Location of the source of any surface water used for drilling: Acquaba MS
 Method of dosing and volume of Chlorine used in drilling and development: 4000 Chlorine 20000 Water

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: 4 feet above or below (circle one) land surface Date measured: 7-30-07

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 70 feet
to casing 10 ft screen

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*

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G-182

Elevation: _____

County: Jackson
Permit #: 0-780
Driller: W. Joel Pierce
Date completed: 7-30-07
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: Rusty Tynes
Mailing Address: Sum Davis Rd
Wade MS 39562
City State Zip Code
Telephone No. (228)-623-3526

Well Location

Latitude: 88-33-591 Longitude: 30-37-082
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 14 T 55 R 6W
Distance Direction Nearest Town
4 Miles South of Wade, MS

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 7-30-07
Rated Pump Capacity: 10 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 40 FT Jet line feet
Number of Stages: 2 stages

Pump Test Data

Date Well Tested: 7-30-07
Static Water Level (A): 4 Feet Below Land Surface
Pumping Water Level (B): 40 Feet Below Land Surface
Drawdown [(B) - (A)]: 36 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

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 10 GPM with a drawdown of
3 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)

[Signature]
Signature of Pump Installer