

County: Jackson
 Permit #: 0-780
 Driller: Spence
 Date drilling completed: 1-29-11

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)961-5228 (fax)

For Office Use Only:
 Aquifer: G 211
 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>Kay Powell</u>	Latitude: <u>30° 35' 23.15"</u>	Longitude: <u>90° 33' 40.4"</u>	<u>24</u>
Mailing Address: <u>121 Sam Lakewood Rd</u>	Method of Lat Long (circle one): Conventional Survey		
<u>Monrovia MS 39562</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	NE 1/4 NW 1/4 Sec <u>26</u> Twn <u>55</u> Rng <u>6W</u>		
Telephone No. <u>228-217-6497</u>	Distance: <u>4</u> Miles	Direction: <u>South</u>	Nearest Town: <u>Walden, MS</u>

Well / Borehole Data

Date drilling started: 1-29 Date drilling completed: 1-29 Hole depth: 90 H₂O elevation: 2

Location of the source of any surface water used for drilling: Aquana, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlor

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: 2 feet above or below (circle one) land surface Date measured: 1-29-11

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 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 90 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 10/4/08

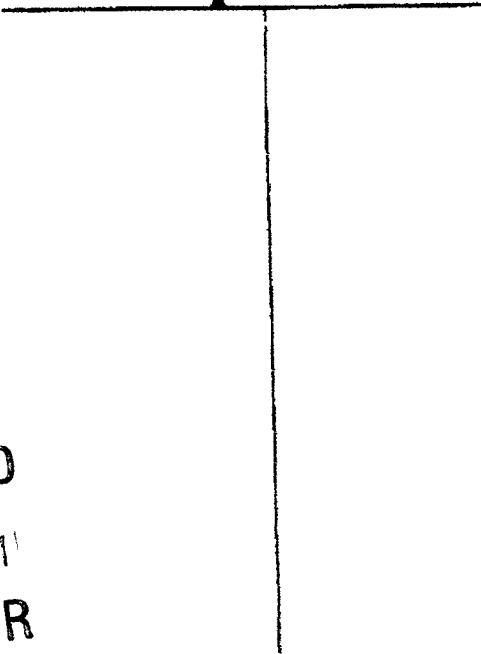
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
red sand	0	40
clay	40	50
gravel	50	90

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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: Kay Powell

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.

Joel Pi 0-780 1-29-11 Joel Pi
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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: 1-29-11
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: Kay Powell, Mailing Address: 121 Sam Kirkwood Rd, Mosport, MS 39562, Telephone No. 228-217-6497. Well Location: Latitude: 30-35-231, Longitude: 88-33-404, Method of Lat Long: Conventional Survey, USGS quad: NE 17W Sec 26 T 55 R 6W, Distance: 4 Miles, Direction: South, Nearest Town: Wadley, MS

Pump Type: Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):. Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):. Horse Power Rating of Motor: 1, Setting Depth: 40 feet, Number of Stages: 2, Date Pump Installed: 1-29-11, Rated Pump Capacity: 10 Gallons Per Minute

Pump Test Data: Date Well Tested: 1-29-11, Static Water Level (A): 2 Feet Below Land Surface, Pumping Water Level (B): 40 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): 40 hours. Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape, 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
Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)
Form: OLWR-SWR-1B (04/08)