

County: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/28/06

State Well Report
Part I - 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 #: J-448
 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) Owner Name: <u>Arthur Furrow</u> Mailing Address: <u>4808 Ashmere Ridge</u> <u>Vanleave MS</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 23 Twn 6S Rng 8W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>Vanleave</u>
Well / Borehole Data Date drilling started: <u>12/27/06</u> Date drilling completed: <u>12/28/06</u> Hole depth: <u>250</u> Hole diameter: <u>5"</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 89% chlorine</u> Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If driller is not related to water well construction, skip the remainder of this block.</i>		
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u> Well depth: <u>250</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____ Casing length: <u>240</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>240</u> feet to <u>250</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>		

Form: OLWR-SWR-1A

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County: Jackson
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 Driller: R. Mason
 Date completed: 12/28/06
Case information from block in 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 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J-448
 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 on 1 both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Arthur Furrow</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>4808 Ashmere Ridge Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Vandervele MS</u>	UBGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23 6S R 8 W</u>		
Telephone No. () _____	Distance _____ Miles	Direction _____	Nearest Town <u>Vandervele</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	<input 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	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>12/28/06</u>		Horse Power Rating of Motor: <u>1</u>		
Rated Pump Capacity: <u>15</u> Gallons Per Minute			Setting Depth: <u>100</u> feet		
			Number of Stages: <u>14</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>12/28/06</u>	Air Line	<input checked="" type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>		
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured static in head: <u>N/A</u> feet		
Drawdown [(B)-(A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping		
Test Pumping Rate: <u>15</u> Gallons Per Minute			
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable): Dwight Mason 0-209
 Signature of Pump Installer: Dwight Mason

Form OLWR-SWR-1B

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