

County: Jasper
 Permit #: _____
 Driller: R. Cain
 Date drilling completed: 6-20-13

State Well Report
Part 1 - Driller's Log
 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 #: K62
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Nathan Hayes</u>	Latitude: <u>31° 59' 54"</u> Longitude: <u>89° 09' 27"</u>
Mailing Address: <u>412 CR 275</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Bay Springs MS 39422</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>22</u> Twn <u>2 N</u> Rng <u>11 E</u>
Telephone No. <u>(601) 764 4685</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>12</u> Miles <u>East</u> of <u>Bay Springs MS</u>

Well / Borehole Data

Date drilling started: 14th Date drilling completed: 20th Hole depth: 440 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: Chicken Farm

If a flowing well, method of flow regulation: Valve _____ Other (describe): _____

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 6-19-13

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

Well depth: 440 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 400 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 400 feet to 440 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: 380 feet. *If telescoped or more than one screen, describe on next page*

MS Water Well Drilling
0-374

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

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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)

County: Jasper
 Permit #: _____
 Driller: R Cain
 Date completed: 6-20-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K62
 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>Nathan Hayes</u>	Latitude: <u>31°59'54"</u> Longitude: <u>89°09'27"</u>
Mailing Address: <u>417 CR 275</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs MS 39422</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>N</u> 1/4 <u>E</u> 1/4 Sec. <u>22</u> T. <u>2N</u> R. <u>11E</u>
Telephone No. <u>(601) 764 4625</u>	Distance: <u>12</u> Miles Direction: <u>East</u> of Nearest Town: <u>Bay Springs MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6-19-13</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-19-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>145</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>25</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

MS Water Well Drilling Print Name of Pump Installer and License No. (if applicable)
0-374

Randall Cain Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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BY: OLWR