

County: Jeff Davis
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 4-1-11

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: F 79
 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)
 Owner Name: KayRon Fortenberry
 Mailing Address: 75 Ross Mt Phair Rd
Carson MS
39427
 City State Zip Code
 Telephone No. (601) 517 0639

Well or Borehole Location
 Latitude: 31° 32' 24" Longitude: 89° 47' 55"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
9W 1/2 S2 1/2 Sec 27 Twn 7N Rng 18W
 Distance Direction Nearest Town
1 Miles north of Carson

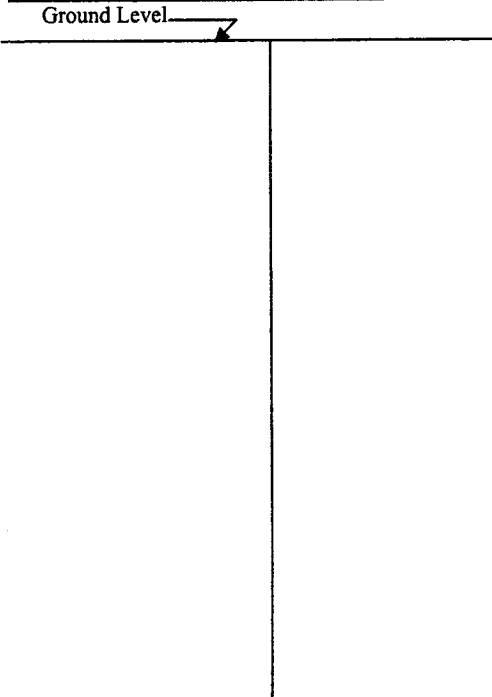
Well / Borehole Data
 Date drilling started: 4-1-11 Date drilling completed: 4-1-11 Hole depth: 300 Hole diameter: 7
 Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: 3 lb Shock
 Logs run (circle all applicable): 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: 130 feet above or below (circle one) land surface Date measured: 4-1-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 280 feet to 300 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*

[Faint handwritten notes and stamps]

The sketch below only required for water wells

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

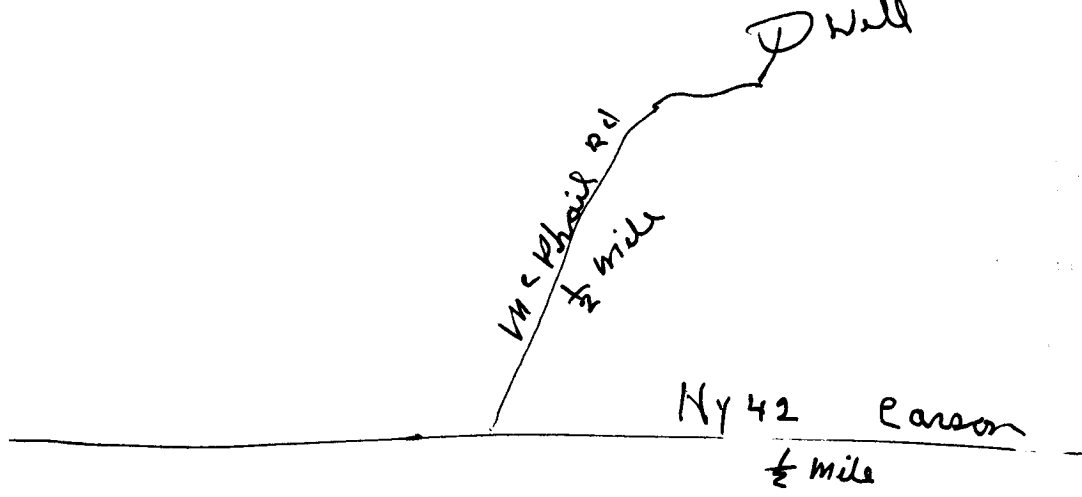
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
Clay	2	10
Sand	10	15
Clay	15	100
Sand	100	140
Clay	140	220
Sand	220	300

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 Ann Fortenberry

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.

JAMES WELLS 0-586
Print Name of Responsible Licensee and License No. Date

James Wells
Signature of Licensee

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 #: _____
 Elevation: _____

County: Jeff Davis
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 4-1-11

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Ray Kon Fortenberry</u> Mailing Address: <u>25 Rose McPhail Rd</u> <u>Cason MS 39427</u> <div style="display: flex; justify-content: space-around;"> City State Zip Code </div> Telephone No. (<u>601</u>) <u>517 0639</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>7N</u> Rng <u>18W</u> Distance Direction Nearest Town <u>1</u> Miles <u>north</u> of <u>Cason</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-1-11</u> Rated Pump Capacity: _____ <u>15</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ <u>1</u> Setting Depth: _____ <u>150</u> feet Number of Stages: _____ <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-1-11</u> Static Water Level (A): <u>130</u> Feet Below Land Surface Pumping Water Level (B): <u>150</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>140</u> Feet Below Land Surface Test Pumping Rate: _____ <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ <u>15</u> GPM with a drawdown of <u>130</u> feet after _____ <u>4</u> hours of pumping

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

JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer