

County: Jeff Davis
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 8-8-12

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 #: F81
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ethan Applewhite</u> Mailing Address: <u>585 Old Hwy 42E</u> <u>Carson MS</u> <u>39427</u> City State Zip Code Telephone No. (<u>601</u>) <u>5434740</u></p>	<p>Well or Borehole Location</p> <p>Latitude: 31 <u>28</u> ⁰⁶ Longitude: 89 <u>57</u> ⁵⁵ <u>31 31 26</u> <u>89 45 49</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>36</u> Twn <u>7N</u> Rng <u>18W</u> Distance <u>2</u> Miles Direction <u>East</u> of Nearest Town <u>Carson</u></p>
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Well / Borehole Data

Date drilling started: 8-8-12 Date drilling completed: 8-8-12 Hole depth: 220 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: Shock 2 L

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: 120 feet above or below (circle one) land surface Date measured: 8-8-12

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200 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 200 feet to 210 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 (04/08)

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top soil	0	2
clay	2	80
Sand	80	140
Per gravel	140	220

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) indicate direction.

Carson

2 miles

N 42 E

5 well

Landowner Name: Ethan Applewhite

James Wells
 Signature of Water Well Contractor

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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 #: F81

Elevation: _____

County: Jeff Davis

Permit #: _____

Driller: JAMES WELLS

Date completed: 8-8-12

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>Ethan Applewhite</u>	Latitude: <u>31-28106</u>	Longitude: <u>9089-57550</u>	
Mailing Address: <u>58506 Hwy 42 E</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Carson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>39427</u>	<u>SW 1/4 SE 1/4 Sec 36 Twn 7N Rng 18W</u>		
City State Zip Code	Distance	Direction	Nearest Town
<u>601 543 4740</u>	<u>2</u> Miles	<u>EAST</u>	of <u>Carson</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>8-8-12</u>		Horse Power Rating of Motor: <u>1HP</u>		
Rated Pump Capacity: <u>15</u> Gallons Per Minute			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>8-8-12</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>130</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of		
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>120</u> feet after <u>4</u> hours of pumping		
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.

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

James Wells
Signature of Pump Installer

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