

County: Jeff Davis
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 11-2-11

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: _____
 Well #: H137
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Tom Smith</u> Mailing Address: <u>127 Smith Haltopf Farm Ln</u> <u>Prentiss MS 39474</u> City: <u>Prentiss</u> State: <u>MS</u> Zip Code: <u>39474</u> Telephone No.: <u>601 669 6243</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 30' 10"</u> Longitude: <u>89° 57' 22"</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 7 Twn 6N Rng 19W</u> Distance: <u>8</u> Miles Direction of <u>Prentiss</u> <u>S.W.</u></p>
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Well / Borehole Data

Date drilling started: 11-2-11 Date drilling completed: 11-2-11 Hole depth: 150 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 lb

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: 90 feet above or below (circle one) land surface Date measured: 11-2-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 120 feet to 150 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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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 #: H137

Elevation: _____

County: Jeff Davis

Permit #: _____

Driller: JAMES WELLS

Date completed: 11-2-11

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>Tom Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>127 Smith Hilltop Farm</u> <u>Prentiss MS 39474</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>6N</u> Rng <u>19W</u>
Telephone No. <u>(601) 669-6243</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>S.W.</u> of <u>Prentiss MS</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>11-2-11</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-2-11</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>140</u> Feet Below Land Surface	<u>90</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>35</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.

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

James Wells
Signature of Pump Installer

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DEC 27 2011

BY: OLWR