

County: Jones
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 10-27-11

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 #: F112
 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)	Well or Borehole Location
Owner Name: <u>Southeastern Concrete</u> Mailing Address: <u>Po Box 16748</u> <u>Hattiesburg MS 39404</u> City State Zip Code Telephone No. () _____	Latitude: <u>31°38'53"</u> Longitude: <u>89°10'24"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 23 Twn 8N Rng 12W</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>N</u> of <u>Ellisville</u>

#2

Well / Borehole Data

Date drilling started: 10-27-11 Date drilling completed: 10-27-11 Hole depth: 240 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek
 Method of dosing and volume of Chlorine used in drilling and development: 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: 60 feet above or below (circle one) land surface Date measured: 10-27-11

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

Well depth: 240 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: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 200 feet to 240 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*

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
topsoil	0	1
clay	1	180
sand	180	240

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.

Landowner Name: Southeastern Concrete

James Wells
Signature of Water Well Contractor

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S.W. CORNER

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 #: F112

Elevation: _____

County: Jones

Permit #: _____

Driller: JAMES WELLS

Date completed: 10-27-11

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>Southeastern Concrete</u> Mailing Address: <u>PO Box 16748</u> <u>Hattiesburg MS 39404</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>31-38-53</u> Longitude: <u>89-10-24</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE 1/4 NW 1/4 Sec 28 Twn 8N Rng 12W</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>N</u> of <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine Centrifugal Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>10-27-11</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>100</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-11</u> Static Water Level (A): <u>50</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>49</u> Feet Below Land Surface Test Pumping Rate: <u>42</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>42</u> GPM with a drawdown of <u>9</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

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 BY: [Signature]