

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)

County: Jones
Permit #: _____
Driller: R. Cain
Date drilling completed: 6-28-13

For Office Use Only:
Aquifer: _____
Well #: L74
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>Jason Lawson</u> | Latitude: <u>31° 32' 54"</u> Longitude: <u>89° 09' 26"</u> |
| Mailing Address: <u>1950 Hwy 29 South</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>Ellisville Ms 39437</u> City State Zip Code | <u>N 1/4</u> <u>W 1/4</u> Sec <u>30</u> Twn <u>7N</u> Rng <u>11W</u> <u>NE</u> <u>NW</u> |
| Telephone No. <u>(601) 477 2148</u> | Distance <u>6</u> Miles Direction <u>South</u> of Nearest Town <u>Ellisville Ms</u> |

Well / Borehole Data

Date drilling started: 24th Date drilling completed: 28th Hole depth: 460 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: 160 feet above or below (circle one) land surface Date measured: 27th

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

Well depth: 460 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: 60 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 400 feet to 460 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: Jones
Permit #: _____
Driller: R Lewis
Date completed: 6-28-13
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: L74
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>Jason Lawson</u> | Latitude: <u>31° 32' 54"</u> Longitude: <u>89° 08' 26"</u> |
| Mailing Address: <u>1950 Hwy 29 South</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ |
| <u>Ellisville MS 39437</u> City State Zip Code | <u>N 1/4 W 1/4 Sec 30 T 7N R 11 W</u> |
| Telephone No. (601) <u>477-7149</u> | Distance Direction Nearest Town <u>6</u> Miles <u>South</u> of <u>Ellisville MS</u> |

| Pump Type | Power Type |
|---|--|
| Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>6-27-13</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute | Circle one Diesel Engine <u>Electric Motor</u> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>240</u> feet Number of Stages: <u>15</u> |
| Circle one Jet Piston Rotary | Circle one Gasoline Engine Hand Other (specify): _____ |
| <u>Submersible</u> Turbine Flowing Well | Natural Gas Tractor PTO |

| Pump Test Data | Method of Measuring Water Level |
|---|---|
| Date Well Tested: <u>6-27-13</u> | Circle one Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>160</u> Feet Below Land Surface | Other (specify): <u>String</u> |
| Pumping Water Level (B): <u>220</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface | Well yielded <u>70</u> GPM with a drawdown of |
| Test Pumping Rate: <u>70</u> Gallons Per Minute | <u>60</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.
Mc Water Well Drilling Print Name of Pump Installer and License No. (if applicable)
Randall Lewis Signature of Pump Installer

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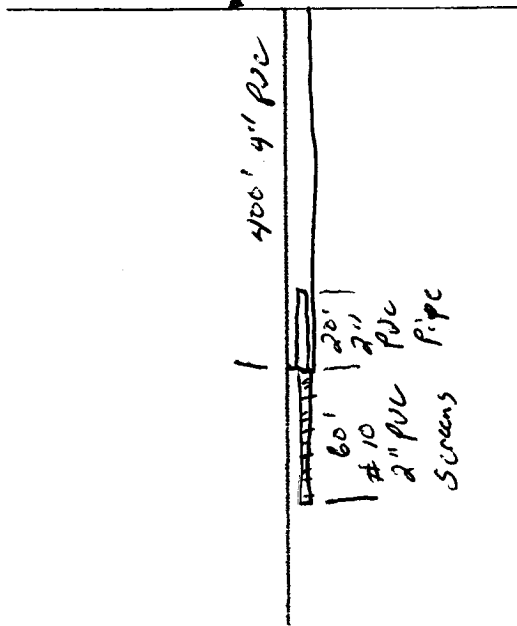
Form: OLWR-SWR-1C (07-09)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top Soil & Clay | Ground Level | 20 |
| Sand | 20 | 45 |
| Clay | 45 | 220 |
| Rock | 220 | 221 |
| Sand | 221 | 235 |
| Clay | 235 | 380 |
| GRAVEL | 380 | 460 |
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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.

Google map Attached

Landowner Name: Jason Lawson

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.

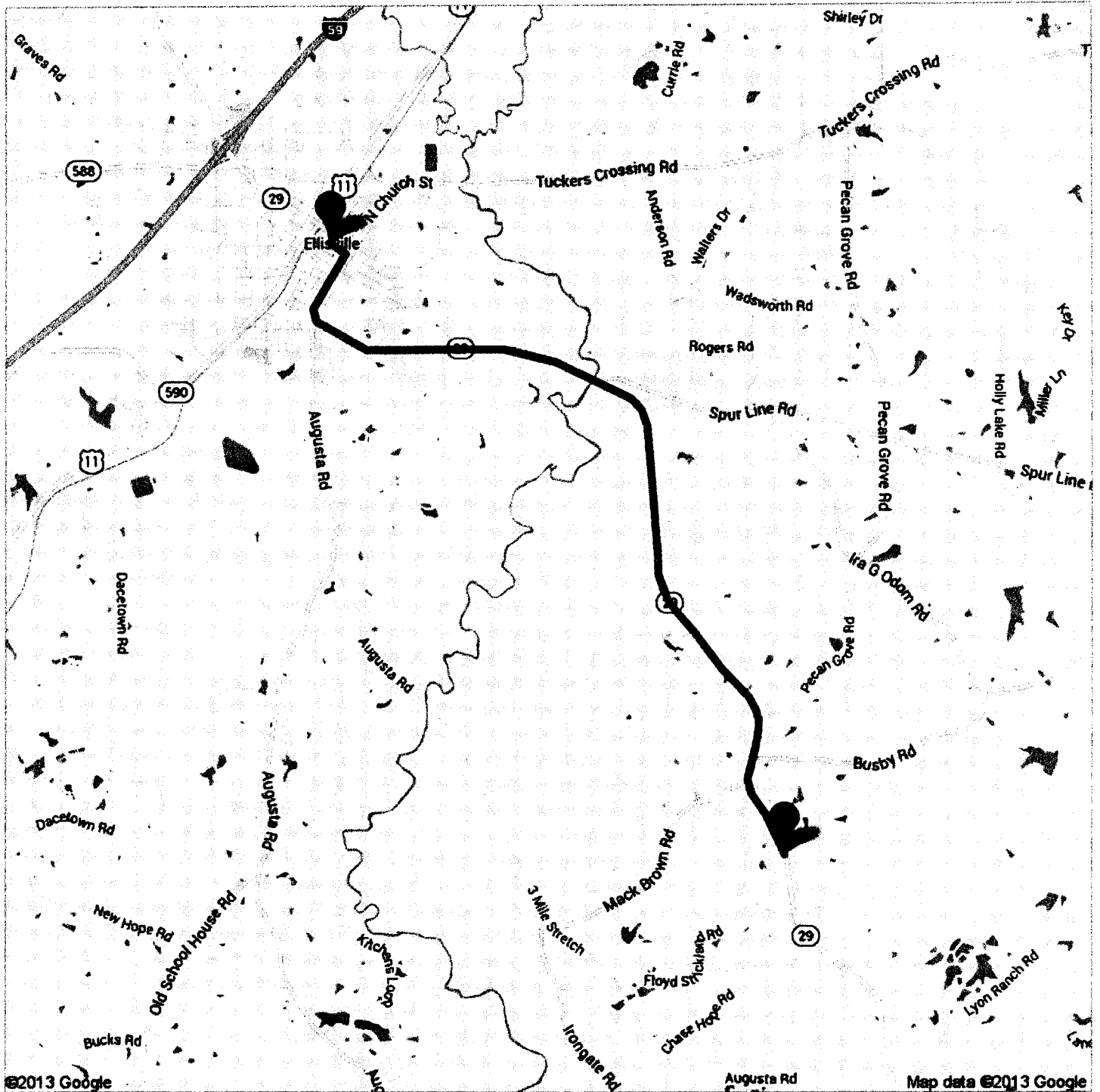
Ms Water Well Drilling 6-28-13 Randall Lewis

Print Name of Responsible Licensee and License No. 0-374

Date

Signature of Licensee

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