County: Jones
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 7-16-09

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 #: Ø56
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: Steve Davis
Mailing Address: 1083 N. Pumping Station Rd
Ovett Ms 39464
City State Zip Code
Telephone No. (601) 498 2266

Well or Borehole Location

Latitude: 31 ° 27 ' 19 " Longitude: 89 ° 09 ' 31 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ SW ¼ Sec. 36 (25) Twn 6N Rng 12W
Distance 7 Miles Direction north of Nearest Town Ellisville

Well / Borehole Data

Date drilling started: 7-16-09 Date drilling completed: 7-16-09 Hole depth: 350 Hole diameter: 7

Location of the source of any surface water used for drilling: Community
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: 120 feet above or (below) (circle one) land surface Date measured: 7-16-09

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

Well depth: 350 Well grouted to a depth of 16 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 320 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 320 feet to 350 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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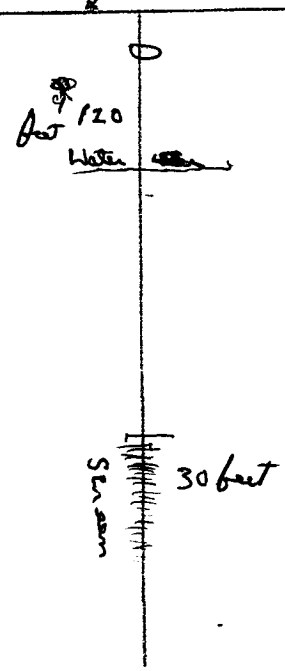
Ø56

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

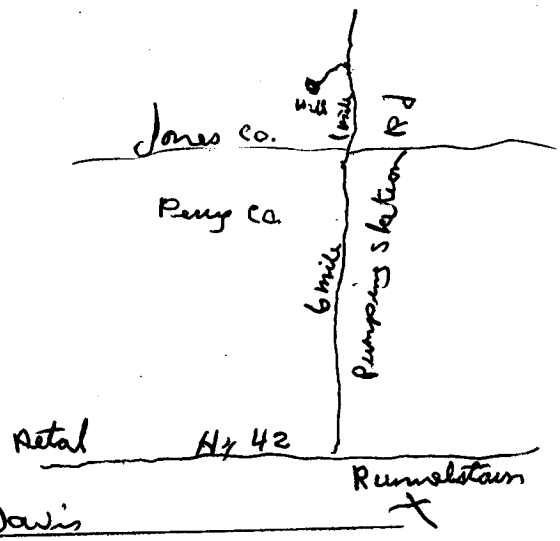


If more than one screen, show location of each on sketch

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)
	Ground Level	2
Clay	2	10
Sand	10	40
Clay	40	240
Sand	240	356

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: Steve Davis

Form: OLWR-SWP-1A (04/09)

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 — James Wells

Print Name of Responsible Licensee and License No. — Date — Signature of Licensee

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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: JAMES WELLS
Date completed: 7-16-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: Ø56
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

Owner Name: Steve Davis
Mailing Address: 1083 N Pumping Station Rd
Ovett MS 39464
City State Zip Code
Telephone No. (601) 4982266

Well Location

Latitude: 31-27-19 Longitude: 89-09-31
Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
NW ¼ SW ¼ Sec 36 T 6N R 12W
Distance Direction Nearest Town
7 Miles North of Runnels Town

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, Turbine
Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 7-16-09
Rated Pump Capacity: 30 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 3
Setting Depth: 150 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 7-16-09
Static Water Level (A): 120 Feet Below Land Surface
Pumping Water Level (B): 150 Feet Below Land Surface
Drawdown [(B) – (A)]: 130 Feet Below Land Surface
Test Pumping Rate: 30 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: ____ feet
Well yielded 30 GPM with a drawdown of 120 feet after 4 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

Form: OLWR-SWR-1B (04/09)

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BY: OLWR