

County: LAMAR
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 6-17-13

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 #: B119
 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>Aunt Jones</u> Mailing Address: <u>185 Big Hill Rd</u> <u>Sumner MS.</u> <u>39482</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 25' 49"</u> Longitude: <u>89° 29' 49"</u> ⁴⁵ ³⁰ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 3</u> <input checked="" type="checkbox"/> <u>5 N</u> <u>15 W</u> Distance Direction of Nearest Town <u>3</u> Miles <u>East</u> of <u>Sumner</u></p>
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Well / Borehole Data

Date drilling started: 6-17-13 Date drilling completed: 6-17-13 Hole depth: ~~300~~ Hole diameter: 7 1/2
 Location of the source of any surface water used for drilling: Stream
 Method of dosing and volume of Chlorine used in drilling and development: Shock 3 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: 140 feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 270 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 270 feet to 300 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.

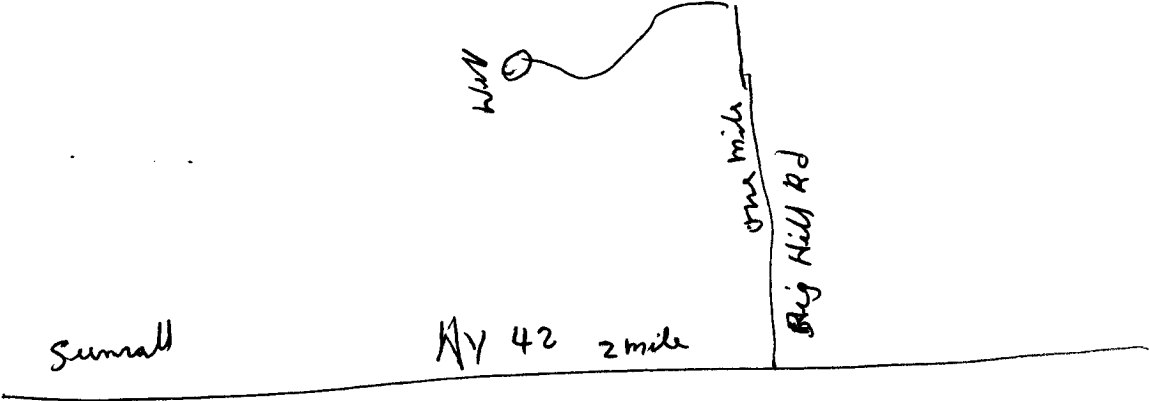
Ground Level

A large vertical rectangular box intended for a sketch of the well telescopes and ground level, which remains empty in this image.

Description of Formations Encountered	From	To
Top sand	0	2
clay	2	200
sand	200	300

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: Kurt Jones

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Lamar
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-17-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B119
 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>Kurt Jones</u>	Latitude: <u>N31-25.749</u> Longitude: <u>W08929.494</u>
Mailing Address: <u>185 Big Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sumner MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>39482</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> T <u>SN</u> R <u>15W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>3</u> Miles <u>EAST</u> of <u>Sumner</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): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-17-13</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-17-13</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>160</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>140</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

Form: OLWR-SW **RECEIVED** 04/98

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