

County: Lamar
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 3-23-11

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: D 186
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jimmy Riley</u>	Latitude: <u>31° 16' 02"</u> Longitude: <u>89° 30' 18"</u>
Mailing Address: <u>15 Ratcliff Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>22</u>
<u>Sumrall MS 39482</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 33 Twn 4N Rng 15W</u>
Telephone No. <u>(601) 810-6646</u>	Distance <u>8</u> Miles <u>W</u> Direction of <u>Oakgrove</u> Nearest Town

Well / Borehole Data

Date drilling started: 3-23-11 Date drilling completed: 3-23-11 Hole depth: 125 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: Community

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: 70 feet above of below (circle one) land surface Date measured: 3-23-11

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 105 feet to 125 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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BY: OLWR

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 #: _____

Elevation: _____

County: Lamar

Permit #: _____

Driller: JAMES WELLS

Date completed: 3-23-11

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

Owner Name: Jimmy Riley

Mailing Address: 15 Ratcliff Rd.

Sumrall MS 39482
City State Zip Code

Telephone No. (601) 810-6646

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 33 Twn 4N Rng 15W

Distance Direction Nearest Town

8 Miles W of Oak Grove

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 3-23-11

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Electric Motor Diesel Engine Gasoline Engine Natural Gas
Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 100 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 3-23-11

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 77 Feet Below Land Surface

Test Pumping Rate: 18 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 18 GPM with a drawdown of

7 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

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