| | State W | ell Report | For Office Use Only: | | | | |
|---|----------------------------|-----------------------------------|--|--|--|--|--|
| 10000 | Part 1 - I | Oriller's Log | * _ | | | | |
| County: Lamar | | nt of Environmental Quality | Aquifer: \(\) \(187 \) | | | | |
| Permit #: <u>0 - 5 8 6</u> | Office of Land a | nd Water Resources | Well #: | | | | |
| · | | Box 2309 | Wcii #: | | | | |
| Driller JAMES WELLS | | n, MS 39225 | L. S. Elevation: | | | | |
| Date drilling completed: 3-16-11 | | 961- 5210 | | | | | |
| Date drining completed. | (601)96 | 1- 5228 (fax) | 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 Well or Borehole Location | | | | | | | |
| Information on Well C (Landowner if borehole is not fo | | | | | | | |
| | r a water wen; | Letitude: 51 0 2 32 | " Longitude: \\\\ \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| Owner Name Dole Kuru | is | 48 | " Longitude: 19.32.23" 43 | | | | |
| | 1. C. 10 Pol | Method of Lat/Long (circle or | ie): Conventional Survey, | | | | |
| Mailing Address: 7 West Bla | CC Creic Ica | USCS and Hand-held | GPS, Survey-grade GPS | | | | |
| | | USUS quau, manu-nero | (10) | | | | |
| | 5 0040 | 1/2 1/4 Sec 00 | 1 Twn 4N Rng 15W | | | | |
| Summall ! | 15,39482 | NE SW | _ | | | | |
| City Sta | te Zip Code | Distance Direction Miles | Nearest Town | | | | |
| C.U. | · | Miles | of Dargiore | | | | |
| Telephone No. () | | | | | | | |
| | Well / Boro | phole Data | | | | | |
| | O LI | | フレい | | | | |
| Date drilling started: 3-16-11 Date dr | illing completed: 5-16- | Hole depth: 70 | Hole diameter: | | | | |
| | | | 1 | | | | |
| Location of the source of any surface water | er used for drilling:CO_ | looment: Shack | | | | | |
| 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 | | | | | | | |
| Saismia | SurveyOther (describe | e) | | | | | |
| If drilling is not related | to water well construction | on, skip the remainder of this bl | ock | | | | |
| | | | | | | | |
| Purpose of Well (check one): Home X | | | Other: | | | | |
| If a flowing well, method of flow regulation: Valve Other (describe) | | | | | | | |
| Static Water Level: 60 feet above of below (circle one) land surface Date measured: 3-16-1 | | | | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | | | | |
| Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cernent Bentonite Mix | | | | | | | |
| Casing length: 7D feet Casing diameter: 4 inches Type of casing: 400 | | | | | | | |
| Screen length: 20 feet Screen diameter: 4 inches Type of screen: 12 | | | | | | | |
| Screen slot size: 008 inches Setting depth: From 70 feet to 90 feet | | | | | | | |

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

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)

Natural Development



From (depth)

Ground Level

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

Description of Formations Encountered

| · · · · · · · · · · · · · · · · · · · | T. | | 1 | 1 |
|---------------------------------------|---------------------------------------|--|---|-------------|
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| | | | | <u> </u> |
| Sketch the property layout and | he well; 3) any roads, power lines, o | location; 2) any permanent structures on the or other items that may aid in locating the property of the prope | e property that may roperty and the well | ; |
| | | | | |
| Oloh | Hwy98W> | • | | |
| | Old Hu | est black Cask | | |
| Landowner Name: | ble Rurvis | | | |
| | | For | m: OLWR-SWR-1A | 1 (04/08) |
| I coutify that the well/houshale | a was drilled constructed and co | mpleted in accordance with all applicabl | e requirements of | the |

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

Signature of Licensee

The sketch below only required for water wells

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

If well telescopes, show depths on sketch.

Ground Level-

STATE WELL REPORT

County: Lamar

Permit#:

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

| For Office Use Only: | | | | |
|----------------------|--|--|--|--|
| Aquifer: | | | | |
| Well #: | | | | |
| Elevation: | | | | |

| Date completed: | (601)35 | 1-6938 (fax) | Ĺ | | |
|--|--|--|----------------|----------------------|-------------|
| This report should be prepared by the | e pump installer in detai | and filed with th | e Department | v ádic 30 ásy | of the |
| installation of pump. Well Owner Informati | Well Locales | | | | |
| 01.0 | Latitude: Longitude: | | | | |
| Owner Name: Date Turvis Mailing Address: J West Black Creek Rd. | | Method of Lat/Long (circle one): Conventional Survey, | | | |
| IManual romes. | USGS quad, Hand-held GPS, Survey-grade GPS | | | | |
| Sunrall MS 39482 | | 1414 Sec_30 Twn 4N Rng 15W | | | |
| City State | Zip Code | Distance | Direction | | 1 |
| Telephone No. () | | 12 Miles | <u>Wof</u> | -Oakg | ove |
| 10/opholis 110. | | <u> </u> | | | |
| Pump Type Circle onc | | Power Type Circle one | | | |
| Air Lift Jet < | Submersible | Diesel Engine | Gasolin | e Engine | Natural Gas |
| Bucket Piston | Turbine | Electric Motor | Hand | | Tractor PTO |
| Centrifugal Rotary | Flowing Well | Windmill | | specify): | 1 |
| Other (specify): | | Horse Power Ra | ting of Motor: | | |
| Date Pump Installed: 3-16-11 | | Setting Depth: _ | <u>75</u> | | _feet |
| Rated Pump Capacity: 12 | Gallons Per Minute | Number of Stage | es: <u>14</u> | | |
| Pump Test Data | l D | Method of Measuring Water Level | | | |
| 1 | | the second secon | C | ircle one | . >- |
| Date Well Tested: 3-16-1 | | Air Line | Electric Mea | suring Line | Steel Tape |
| Static Water Level (A):Feet Below Land Surface | | Other (specify): | | | |
| Pumping Water Level (B): 75 Feet | | | II | out in head | feet |
| Drawdown [(B) – (A)]: 65 Feet Below Land Surface Gallons Per Minute | | For flowing well, incastical state in trout. | | | |
| Test Pumping Rate: / X | | | | | |
| Duration of Pump Test (minimum 4 hours) | | feet after _ | | ions or humburg | |
| | | | | | |
| T THE PROVE CURTING that the share State | ments are true to the best | of my knowledge. | | 111 | 1/ |

JAMES WELLS Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

RECEIVED

APR 1 8 2011