

FEB-27-2002 07:30A FROM:

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State Well Report

Part 1

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)

County: Lamar
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 7-12-07

For Office Use Only:
 Aquifer: _____
 Well #: N-68
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>James Ellodge</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>200 Myrick Rd</u> <u>Lumberton, MS</u> <u>39455</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>4</u> <u>4</u> Sec <u>10</u> Twn <u>1N</u> Rng <u>15W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>4 1/2</u> Miles <u>NW</u> of <u>L'fon</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-12-07 Date well drilling completed: 7-12-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 115 feet above of below (circle one) land surface Date measured: 7-12-07

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

Hole depth: _____ Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 190 feet to 210 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Travis Boone 0-514
 Print Name of Water Well Contractor and License No.

Travis Boone
 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lamar
 Permit #: _____
 Driller: Travis Boone
 Date completed: 7-12-07

For Office Use Only:
 Aquifer: _____
 Well #: N-68
 Elevation: _____

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 | Well Location |
|---|---|
| Owner Name: <u>James E. Widge</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>200 Myrick Rd</u> <u>Lumberton, MS</u> <u>39455</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>1N</u> Rng <u>15W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>4 1/2 Miles NW of Lyon</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piton <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>7-12-07</u> | Setting Depth: <u>160</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>7-12-07</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>115</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured start in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>112.0 F</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Travis Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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