

County: Lawrence
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 6-18-09

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 #: B36
 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)	Well or Borehole Location
Owner Name: <u>Joey Lane</u>	Latitude: <u>31° 43' 38"</u> Longitude: <u>89° 59' 11"</u>
Mailing Address: <u>1132 Ferguson Mill Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Hebron MS 39140</u>	SE ¼ SW ¼ Sec <u>23</u> Twn <u>9N</u> Rng <u>20W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 694-2769</u>	<u>1/2</u> Miles <u>S</u> of <u>New Hebron</u>

Well / Borehole Data

Date drilling started: 6-18-09 Date drilling completed: 6-18-09 Hole depth: 140 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: 60 feet above or below (circle one) land surface Date measured: 6-18-09

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

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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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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: Lawrence
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-18-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B36
 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: Joey Lane
 Mailing Address: 1132 Ferguson Mill Rd.
New Hebron MS 39140
City State Zip Code
 Telephone No. (601) 694-2769

Well Location

Latitude: 31°43'38" Longitude: 89°59'11"
 Method of Lat/Long (check one): Conventional Survey____,
 USGS quad____, Hand-held GPS____, Survey-grade GPS____
SE ¼ SW ¼ Sec 23 T. 9N R. 20W
 Distance Direction Nearest Town
½ Miles S of New Hebron

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-18-09
 Rated Pump Capacity: 12 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: 1
 Setting Depth: 100 feet
 Number of Stages: 14

Pump Test Data

Date Well Tested: 6-18-09
 Static Water Level (A): 60 Feet Below Land Surface
 Pumping Water Level (B): 100 Feet Below Land Surface
 Drawdown [(B) - (A)]: 72 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
12 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 James Wells
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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