

County: Lawrence
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 10-12-10

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: H 47
 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
 (Landowner if borehole is not for a water well)
 Owner Name: Prentiss Lee
 Mailing Address: 16 Lauren Lane
Silver Creek MS 39663
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 32' 05" Longitude: 90° 03' 28"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NW 1/4 Sec 31 Twn 7N Rng 20W
 Distance Direction Nearest Town
9 Miles SE of Monticello

Well / Borehole Data
 Date drilling started: 10-12-10 Date drilling completed: 10-12-10 Hole depth: 350 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: shack
 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: 3 feet above or below (circle one) land surface Date measured: 10-12-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 350 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 320 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 320 feet to 350 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)

RECEIVED
NOV 15 2010
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: Lawrence

Permit #: _____

Driller: JAMES WELLS

Date completed: 10-12-10

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: Prentiss Lee

Mailing Address: 16 Lauren Lane

Silver Creek MS 39663
City State Zip Code

Telephone No. (____) _____

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 31 Twn 7N Rng 20W

Distance Direction Nearest Town
9 Miles SE of Monticello

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 10-12-10

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: 30 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 10-12-10

Static Water Level (A): 3 Feet Below Land Surface

Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 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
5 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

RECEIVED

NOV 15 2010

BY: OLWR