

County: Lawrence
~~Waltham~~
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 1-9-12

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 #: M72
 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>Robin West (Tim Wallace)</u> Mailing Address: <u>3201 Topisaw Dr. SE</u> <u>Ruth MS 39662</u> City State Zip Code Telephone No. <u>(601) 757-7212</u>	Latitude: <u>31° 21.721'</u> Longitude: <u>090° 10.871'</u> <u>46</u> <u>49</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 34 Twn 5N Rng 10E</u> Distance Direction Nearest Town <u>17</u> Miles <u>3</u> of <u>Monticello</u>
Well / Borehole Data	
Date drilling started: <u>1-9-12</u> Date drilling completed: <u>1-9-12</u> Hole depth: <u>200</u> Hole diameter: <u>7 1/2"</u> Location of the source of any surface water used for drilling: <u>water well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>shock</u> Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>chickenhouse</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-9-12</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>1166</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>160</u> feet to <u>200</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

County: Lawrence
~~Ita Bhatt~~
Permit #: _____
Driller: JAMES WELLS
Date completed: 1-9-12

For Office Use Only:

Aquifer: _____
Well #: M72
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>Robin Nest</u>	Latitude: <u>31° 21.777'</u> Longitude: <u>090° 10.817'</u>
Mailing Address: <u>3201 Topisaw Dr. SE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ruth</u> MS <u>39662</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>5N</u> Rng <u>10E</u>
Telephone No. <u>(601) 757-7212</u>	Distance Direction Nearest Town
	<u>17</u> Miles <u>S</u> of <u>Monticello</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u> feet
Date Pump Installed: <u>1-9-12</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>91</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>11</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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