

Lawrence

County: Lincoln
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 9-14-09

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: B-S2
 Well #: M76
 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>James Dedon</u> | Latitude: <u>31° 21' 39"</u> Longitude: <u>90° 14' 23"</u> |
| Mailing Address: <u>49 Will Alexander Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Jayess MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: <u>39641</u> | <u>SE 1/4 NW 35</u> Twn <u>5 N</u> Rng <u>9 E</u> |
| Telephone No. (<u>601</u>) <u>833 6291</u> | Distance <u>5</u> Miles Direction <u>W.N</u> of Nearest Town <u>Jayess MS</u> |

Well / Borehole Data

Date drilling started: 9-14-09 Date drilling completed: 9-14-09 Hole depth: 130 Hole diameter: 7

Location of the source of any surface water used for drilling: Well Water

Method of dosing and volume of Chlorine used in drilling and development: Shock 2 lb

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: 80 feet above or below (circle one) land surface Date measured: 9-14-09

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 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 110 feet to 130 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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The sketch below only required for water wells

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

If well telescopes, show depths on sketch

Ground Level →

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | 2 |
| Clay | 2 | 40 |
| Sand | 40 | 80 |
| Pea Gravel | 80 | 130 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Mary Dedon

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

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

Print Name of Responsible Licensee and License No. JAMES WELLS 0586

Signature of Licensee James Wells

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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: Lincoln
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 9-14-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: B52
 Well #: M76
 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 | Well Location |
|--|--|
| Owner Name: <u>Mray Dadean</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>49 Will Alexander Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Jayess MS</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 25 T 5N R 9E</u> |
| <u>601 833 6291</u> | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>5 Miles N West of Jayess MS</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u> | Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: <u>9-14-09</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>9-14-09</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>80</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

Form: OLWR-SWF-19 (04/08)

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