

County: L. Lincoln
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 2-10-11

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: 0 III
 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: Ken Mayo
 Mailing Address: 2123 Jackson Helene Rd
Boyer Chitto MS
39629
 City State Zip Code
 Telephone No. (601) 757 4650

Well or Borehole Location
 Latitude: 31° 26' 08" Longitude: 90° 34' 46"
 Method of Lat/Long (circle one): 25 51 Conventional Survey, 51
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 2 Twn S 11 Rng 6 E
 SW
 Distance Direction Nearest Town
6 Miles West of Boyer Chitto

Well / Borehole Data
 Date drilling started: 2-10-11 Date drilling completed: 2-10-10 Hole depth: 130 Hole diameter: 7
 Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: 2 lb Shank
 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: 2-10-11
 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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 BY: OLWR

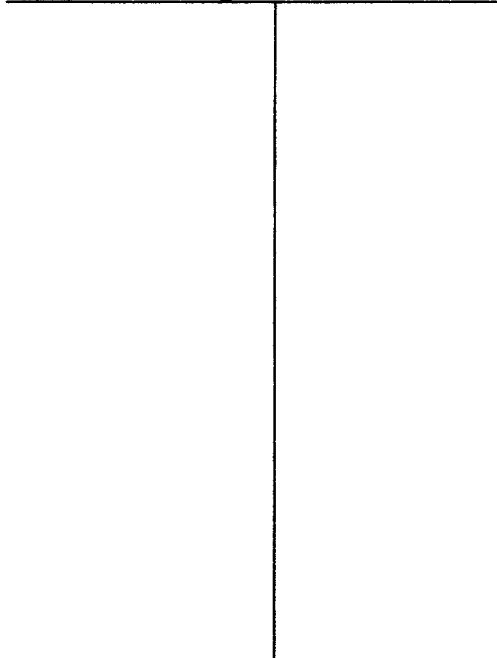
0111

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.

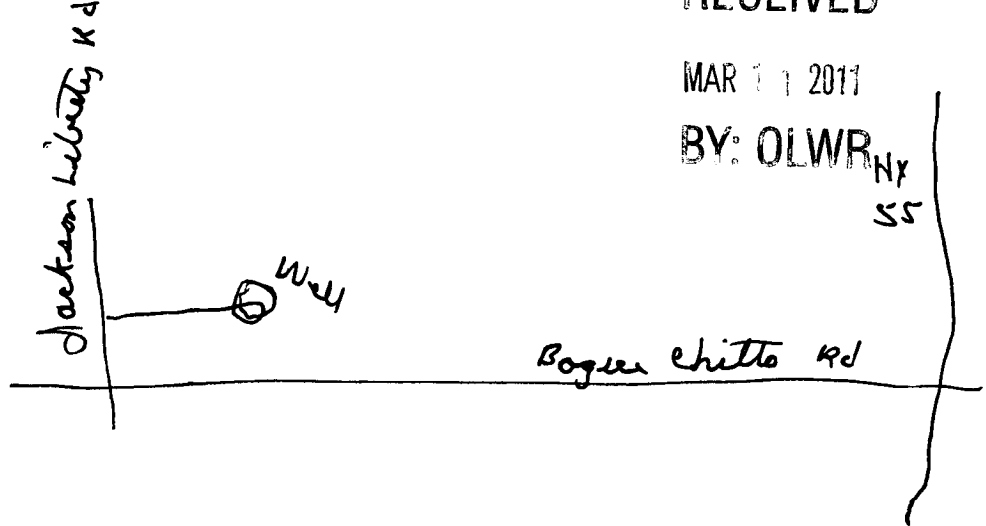
Ground Level 



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
Clay	2	30
Sand	30	40
Clay	40	70
Sand	70	130

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: Ken Goss

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.

JAMES WELLS 0-586
 Print Name of Responsible Licensee and License No. Date

James Wells
 Signature of Licensee

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: Lincoln
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 2-10-11

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>Ken Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2123 Jackson Liberty Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Bogue Chitto MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39629</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>5N</u> Rng <u>6E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>601</u>) <u>7574650</u>	<u>6</u> Miles <u>West</u> of <u>Bogue Chitto</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>2-10-11</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>2-10-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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>90</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> ft 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
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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MAR 11 2011

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