

**State Well Report
Part I - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2308
Jackson, MS 39225
(601)961-5210
(601)961-5328 (fax)

County: Marion
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-14-08

For Office Use Only:

Aquifer: _____
 Well #: G-102
 E. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller holder responsible for the work and filed with the Department of the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Lester Naddor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>122 Pine Ridge Rd</u> <u>Columbia MS 39420</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ ° _____ ' _____ " <input checked="" type="checkbox"/> Sec. <u>35</u> Twp. <u>4N</u> Rng. <u>18W</u>
Telephone No. (<u>601</u>) <u>736 4697</u>	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Columbia MS</u>

Well / Borehole Data

Date drilling started: 5-14-08 Date drilling completed: 5-14-08 Hole depth: 125 Hole diameter: 7

Location of the source of any surface water used for drilling: Community
 Method of dosing and volume of Chlorine used in drilling and development: 2 lb Shock

Logs run (circle all applicable): No Log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running logs: _____

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: 70 feet above of below (circle one) land surface Date measured: 5-14-08
 Method of Measurement (circle one): steel tape electric tape air line other _____

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Best Concrete Mortar Other _____
 Casing length: 105 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 105 feet to 125 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.*

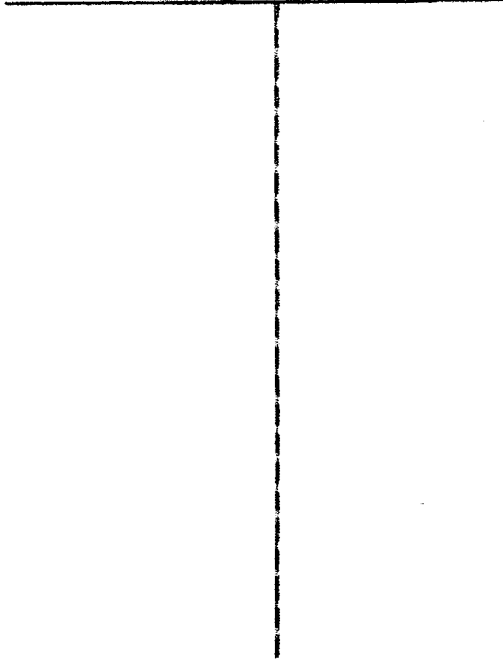
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells.

If well screens, show depths on sketch.

Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
	(feet)	(feet)
Top Soil	0	2
clay	2	40
S&D	40	125

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: Lester Haddon

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 0-586 Date _____

Signature of Licensee James Wells

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STATE WELL REPORT

Part 2

Pump Installer's Certificate Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39215
 (601)961-5210
 (601)961-5228 (fax)

County: Marion
 Permit #: _____
 Driller: JAMES WALLS
 Date completed: 5-14-08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-102
 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>Lester Hadden</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>122 Pine Ridge Rd</u> <u>Columbia MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code <u>39429</u>	<u>14</u> N <u>34</u> W <u>47</u> R <u>18</u> W
Telephone No: <u>601 736 4897</u>	DISTANCE DIRECTION NEAREST TOWN <u>1</u> miles <u>EAST</u> of <u>Columbia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	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 checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Manufacturer: _____ Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u> _____
Date Pump Installed: _____	Screen Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-14-08</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <input checked="" type="checkbox"/> Seal Tape
Static Water Level (A): <u>70</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>70</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>70</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 WALLS 0586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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