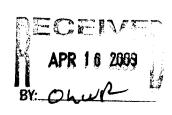
| State V | Vell Report | T. Off. Vi. O.l. | | |
|--|-------------------------------|-----------------------------------|--|--|
| | Driller's Log | For Office Use Only: | | |
| Mississippi Departme | nt of Environmental Quality | Aquifer: | | |
| 0.0 | and Water Resources Box 2309 | Well #: G - 107 | | |
| 1 | n, MS 39225 | L. S. Elevation: | | |
| | 961- 5210 1- 5228 (fax) | 2. 3. 210.41041 | | |
| (00.)00 | | 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. \[\text{Information on Well Owner} \] \[\text{Well or Borehole Location} \] | | | | |
| (Landowner if borehole is not for a water well) | | | | |
| Owner Name Joey Kitchens | Latitude: 10 , 30 | " Longitude: $\frac{99.48}{50}$ " | | |
| Mailing Address: 2 Spies Dr. | Method of Lat/Long (circle or | ne): Conventional Survey, | | |
| • | USGS quad, Hand-held | GPS, Survey-grade GPS | | |
| Columbia ms 39429 | NW 4 SE 4 Sec 31 | Twn 41 Rng 18W | | |
| City State Zip Code | | | | |
| | 1 Miles 1 brown | Nearest Town of Columbet MS. | | |
| Telephone No. (60) 441 44 83 | | | | |
| Well / Borehole Data | | | | |
| Date drilling started: 3-24-69 Date drilling completed: 3-26-69 Hole depth: 130 Hole diameter: 7 | | | | |
| | | | | |
| Location of the source of any surface water used for drilling: | | | | |
| 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:feet above or below (circle one) land surface Date measured: | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | |
| Well depth: 130 Well grouted to a depth offeet Type of grout (circle one); Neat Cement) Bentonite Mix | | | | |
| Casing length: feet Casing diameter: inches Type of casing: Out C | | | | |
| Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC | | | | |
| Screen slot size: | | | | |
| 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)

80 180

From (depth)
Ground Level

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

Description of Formations Encountered

| | • | | |
|---|-------------------------------------|---|--------------------------------------|
| | | | |
| | | | |
| | | | |
| | 1 | | <u> </u> |
| Clarich the property levent on | he well; 3) any roads, power lines, | ll location; 2) any permanent structures on the properties of the | roperty that may perty and the well; |
| 77 44 24 24 24 24 24 24 24 24 24 24 24 24 | • | | |
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| | | | |
| Landowner Names | ey Kitchens | | |
| | <u> </u> | Earn | : OLWR-SWR-1A (04/08) |
| | | | |
| l certify that the well/boreho | le was drilled, constructed, and c | completed in accordance with all applicable | requirements of the |
| Mississippi Department of E | nvironmental Quality and the M | ississippi Department of Health regulations, | if applicable, and state |
| | | | |
| JAMES WE | LLS 0-586 | James Wal | <u> </u> |
| | | | PA |
| Print Name of Responsible I | Accusse and License 140. | Date Signature of Liceus | APR 10 2009 BY: DLUR |
| | | | |

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.....

STATE WELL REPORT Part 2 For Office Use Only: County: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: (601)961-5210 Elevation: (601)961-5228 (fax) Copy information from block on Part 1 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 Location Well Owner Information Longitude: Latitude:_ Owner Name: Method of Lat/Long (check one): Conventional Survey_ Mailing Address USGS quad____, Hand-held GPS____, Survey-grade GPS Direction Nearest Town Distance Telephone No. Power Type Pump Type Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Submersible Tractor PTO Elestric Motor Turbine Hand Bucket Piston Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Gallons Per Minute Rated Pump Capacity: Number of Stages: Method of Measuring Water Level Pump Test Data Circle one 3-26-09 Date Well Tested: Air Line Electric Measuring Line Steel Tape Feet Below Land Surface Other (specify): _Feet Below Land Surface Pumping Water Level (B): For flowing well, measured shut in head: ___ Feet Below Land Surface Drawdown [(B) - (A)]:) S_GPM with a drawdown of Gallons Per Minute Well yielded Test Pumping Rate: ___ 4_hours of pumping Duration of Pump Test (minimum 4 hours): I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1B (04/08)

