

County: Madison
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-16-11

Part I - 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 #: Q162
 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: Milce Martin
 Mailing Address: 76 John Ford Home Rd.
Sandy hook MS 39478
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 31° 00' 26" Longitude: 89° 47' 02"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS 14E
NW 1/4 SW 1/4 Sec. 33 Twn 1N Rng 7E
34
 Distance Direction Nearest Town
5 Miles S of Sandy hook, MS
2

Well / Borehole Data
 Date drilling started: 5-16-11 Date drilling completed: 5-16-11 Hole depth: 100 Hole diameter: 7 1/2"
 Location of the source of any surface water used for drilling: running creek
 Method of dosing and volume of Chlorine used in drilling and development: shock
 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: 10 feet above or below (circle one) land surface Date measured: 5-16-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 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 80 feet to 100 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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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

Well #: _____
Owner: JAMES WELLS
Date completed: 5-16-11

Aquifer: _____
Well #: Q162
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department Office 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Milce Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>76 John Ford Home Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sandyhook MS 39478</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>14E</u>
City State Zip Code	<u>NW 1/4 Sec 33 Twn 1N Rng 18W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Sandyhook, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	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>1/2</u>
Date Pump Installed: <u>5-16-11</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-16-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>40</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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