

County: Pike
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-29-08

State Well Report
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)961-5226 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E-265
 E. 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 in hand.

Information on Well Owner <i>(Landowner if borehole is not for a owner well)</i>	Well or Borehole Location
Owner Name: <u>Bob Freddie Deer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1057 Cole Thomas Rd</u> <u>M^cComb MS 39648</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: _____	% _____ % Sec <u>8</u> Twp <u>34</u> Rng <u>8E</u>
Telephone No. <u>(601) 248 2013</u>	Distance _____ Direction _____ Nearest Town _____ <u>1 Miles West of McComb</u>

Well / Borehole Data

Date drilling started: 5-29-08 Date drilling completed: 5-29-08 Hole depth: 90 Hole diameter: 7 in

Location of the source of any surface water used for drilling: Community Water
 Method of closing and volume of Chlorine used in drilling and development: 2 No 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: 65 feet above or below (circle one) land surface Date measured: 5-29-08
 Method of Measurement (circle one): steel tape electric tape air line other: _____

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): neat cement bentonite mix
 Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 1/2 inches Type of screen: PVC
 Screen slot size: 008 inches Setting depth: from 70 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Unscreened 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)

RECEIVED
 JUN 10 2008
 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Certification Request
 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: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-29-08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-265
 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 construction.

Well Owner Information	Well Location
Owner Name: <u>Freddie Dean</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1057 Cole Thomas Rd</u> <u>Mc Comb Ms 39648</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>8</u> T <u>34</u> R <u>9E</u>
Telephone No.: <u>601 248-2013</u>	Distance _____ Direction _____ Nearest Town _____ <u>1 mile West of Mc Comb</u>

Pump Type Circle one	Pump Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Electric P.U. _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u> _____
Date Pump Installed: _____	Setting Depth: <u>90</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
Leak Well Test: <u>5-29-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tap</u>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>65</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>65</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 0586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FORM OLWR-500X-10 (6/00)

RECEIVED

JUN 10 2008

BY: OLWR