

County: Pike  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 2-29-11

**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: E 289  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Clyde Smith</u>          Mailing Address: <u>1118 Turner Rd</u>  <u>McComb MS</u>  <u>39648</u>          City State Zip Code  <u>601</u> <u>268</u> <u>5999</u>          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 11' 39"</u> Longitude: <u>90° 21' 32"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 SW 1/4 Sec 25 Twn 34 Rng 8E</u>          Distance Direction Nearest Town  <u>4</u> Miles <u>East</u> of <u>McComb</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>2-29-11</u> Date drilling completed: <u>2-29-11</u> Hole depth: <u>180</u> Hole diameter: <u>7</u>          Location of the source of any surface water used for drilling: <u>crack</u>          Method of dosing and volume of Chlorine used in drilling and development: <u>shock 2 lb</u>          Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____          Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>          Seismic Survey <input type="checkbox"/> Other (describe) _____  <i>If drilling is not related to water well construction, skip the remainder of this block</i>          Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____          If a flowing well, method of flow regulation: Valve _____ Other (describe) _____          Static Water Level: <u>110</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>2-29-11</u>          Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____          Well depth: <u>180</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix          Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>          Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>          Screen slot size: <u>.008</u> inches Setting depth: From <u>160</u> feet to <u>180</u> feet          Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development          Other (describe): _____          Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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

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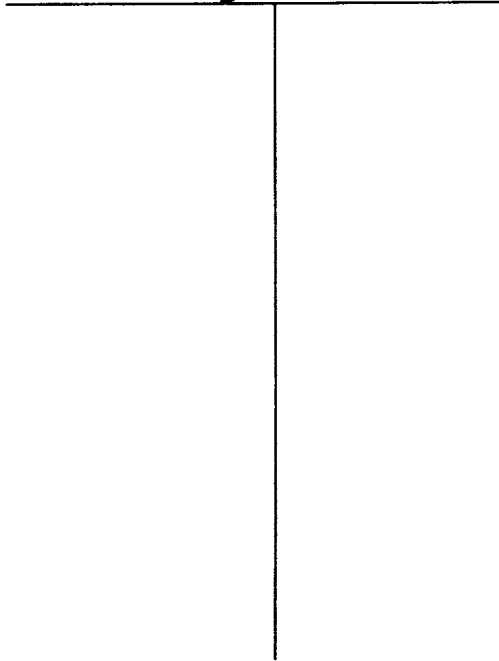
E289

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	80
Permeable	80	100
gravel	100	130
Sand	130	180

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.

McComb

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BY: OLWR

Landowner Name: Clyde Smith

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 \_\_\_\_\_ Date

Signature of Licensee James Wells

Print Name of Responsible Licensee and License No. \_\_\_\_\_ 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: Pike  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date completed: 2-29-11

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>Elyde Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1118 Turner Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McComb Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39648</u>	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>34</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 268 5999</u>	<u>4</u> Miles <u>EAST</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-29-11</u>	Setting Depth: <u>140</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>2-29-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>120</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>110</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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BY: OLWR