

County: Pike
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-19-09

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- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F143
 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) | Well or Borehole Location |
|--|--|
| Owner Name: <u>Annemie Comby</u> | Latitude: <u>31° 12' 22"</u> Longitude: <u>90° 20' 14"</u> |
| Mailing Address: <u>1010 Harris Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>McComb MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>39648</u> | <u>SE 1/4 SW 1/4 Sec 38</u> Twn <u>37</u> Rng <u>9E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 6847140</u> | <u>5</u> Miles <u>EAST</u> of <u>McComb</u> |

Well / Borehole Data

Date drilling started: 5-19-09 Date drilling completed: 5-19-09 Hole depth: 160 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek

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 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: 115 feet above or below (circle one) land surface Date measured: 5-19-09

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 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 140 feet to 160 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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 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)

County: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-19-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F143
 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>Annie Combs</u> | Latitude: <u>31° 12' 22'</u> Longitude: <u>90° 20' 14"</u> |
| Mailing Address: <u>1010 Harris Rd</u> <u>McComb MS</u> <u>39648</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 30 T 36 R 9E</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ <u>5 Miles EAST of McComb</u> |
| Telephone No. <u>601, 6847140</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>5-19-09</u> | Setting Depth: <u>130</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>5-19-09</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>115</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>130</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>115</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

Form: OLWR-SWR-15704/08 **RECEIVED**

JUN 09 2009
 BY: OLWR