

County: Pike
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 2-28-13

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: _____
 Well #: H229
 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>Lindy Marwick</u>	Latitude: <u>31° 06' 30"</u> Longitude: <u>90° 24' 52"</u>
Mailing Address: <u>7040 Magnolia Pines</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Magnolia MS 39652</u>	SE 1/4 SE 1/4 Sec <u>16</u> Twp <u>4N</u> Rng <u>9E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles Direction: <u>South</u> of Nearest Town: <u>Magnolia MS</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 2-28-13 Date drilling completed: 2-28-13 Hole depth: 165 Hole diameter: 7 1/2

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

Method of dosing and volume of Chlorine used in drilling and development: Shock 2lb

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: 80 feet above or below (circle one) land surface Date measured: 2-28-13

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

Well depth: 165 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 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 145 feet to 165 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: Harrison
 Permit #: 0586
 Driller: JAMES WELLS
 Date completed: 2-28-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H229
 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>Lady Murrell</u> Mailing Address: <u>7040 Magnolia Pl</u> <u>Madison MS 39652</u> City State Zip Code Telephone No. () _____	Latitude: <u>N 31-06209</u> Longitude: <u>W 09024866</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ SE ¼ SE ¼ Sec <u>6</u> T <u>1N</u> R <u>8E</u> <u>29</u> <u>2N</u> Distance Direction Nearest Town <u>6</u> Miles <u>South</u> of <u>Madison MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2-28-13</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-28-13</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>90</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>80</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WELLS 0586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-104/06 **RECEIVED**

SEP 13 2013
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