

County: Pike
 Permit #: _____
 Driller: Fitzgerald, Well Services
 Date drilling completed: 7-21-08

State Well Report
Part 1 - Driller's Log

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 #: L-190
 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>Rebecca Simmons</u>	Latitude: <u>31° 1' 32"</u> Longitude: <u>90° 23' 16.8"</u>
Mailing Address: <u>Osyka Progress Rd.</u>	Method of Lat/Long (circle one): <u>03</u> Conventional Survey, <u>12</u>
<u>Osyka</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S6 1/4 SW 1/4 Sec 27 Twn 12 Rng 8E</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 7-21-08 Date drilling completed: 7-21-08 Hole depth: 129 Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: 85' feet above or below (circle one) land surface Date measured: 7-21-08

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

Well depth: 129' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 119' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From 119' feet to 129' 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*

Pump set by Billy Gill

Form: OLWR-SWR-1A
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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Pike
 Permit #: _____
 Driller: F. S. Gagnard
 Date completed: 8-18-08

For Office Use Only:

Aquifer: _____
 Well #: L-190
 Elevation: _____

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>Rebecca Simmons</u> Mailing Address: <u>5103 Osyka Progress Road</u> <u>Osyka Miss 39657</u> <small>City State Zip Code</small> Telephone No. <u>(601) 542-3054</u>	Latitude: <u>31° 1' 32"</u> Longitude: <u>90° 23' 16"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>E</u> of <u>Osyka, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>8-17-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>110</u> feet Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-18-08</u> Static Water Level (A): <u>85</u> Feet Below Land Surface Pumping Water Level (B): <u>90</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>5</u> hours	Air Line Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

William A. Gill 0-751P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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