

Earl Ross Part 1
ER 1

County: Pike
 Permit #: N/A
 Driller: Jeme Singleton
 Date drilling completed: 3/23/09

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 #: L-199
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Mr. Earl B. Ross, Sr.</u> Mailing Address: <u>424 Cedarwood Dr.</u> <u>Jackson MS 39212</u> City State Zip Code Telephone No. <u>(601) 373-0682</u></p>	<p>Well or Borehole Location Latitude: <u>31° 03' 33"</u> Longitude <u>90° 23' 33"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>Google Earth</u> <u>SW 1/4 SW 1/4 Sec 10 Twn 1N Rng 8E</u> Distance Direction Nearest Town <u>6</u> Miles <u>NE</u> of <u>Osyka</u></p>
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Well / Borehole Data
 Date drilling started: 3/20/09 Date drilling completed: 3/23/09 Hole depth: 105' Hole diameter: 6-3/4"
 Location of the source of any surface water used for drilling: Singleton's (private well)
 Method of dosing and volume of Chlorine used in drilling and development: > 5ppm (1/2 gallon bleach - 1000 gal)
 Logs run (circle all applicable): No log run Electric N/A Gamma Ray Density Sonic Neutron Other: NONE
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) N/A
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 N/A Other (describe) N/A
 Static Water Level: 37 feet above or below (circle one) land surface Date measured: 3/20/09
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC sch. 40
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted
 Screen slot size: .012 inches Setting depth: From 95 feet to 105 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: N/A 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

County: Pike
 Permit #: N/A
 Driller: Teme Singleton
 Date completed: 4/15/09
 Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: OL-199
 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>Mr. Earl B. Ross Sr.</u>	Latitude: <u>31°03'33"</u> Longitude: <u>90°23'33"</u>
Mailing Address: <u>424 Cedarwood Dr.</u>	Method of Lat/Long (check one): Conventional Survey <u>Google earth</u>
<u>Jackson</u> <u>MS</u> <u>39212</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>Sw 1/4 Sw 1/4 Sec 10 T 1 N R 8 E</u>
Telephone No. <u>(601) 373-0682</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>N/E</u> of <u>Osyka</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>1/2</u>
Date Pump Installed: <u>4/15/09</u>	Setting Depth: <u>65'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/15/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>37</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>1/2</u> Gallons Per Minute	<u>3</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
Teme Singleton 0-0813
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-48 (6/08)

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