

County: Pike
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-28-08

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 #: M-118
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Daisy Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1187 Thomas Grove Rd</u> <u>McComb MS 39648</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>11</u> <u>11</u> <u>9E</u>
Telephone No. (____) _____	Distance: <u>3</u> Miles Direction: <u>West</u> of Nearest Town: <u>Tylertown MS</u>

Well / Borehole Data

Date drilling started: 5-28-08 Date drilling completed: 5-28-08 Hole depth: 140 Hole diameter: 7in

Location of the source of any surface water used for drilling: Well Water

Method of dosing and volume of Chlorine used in disinfecting 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: 85 feet above or below (circle one) land surface Date measured: 5-28-08

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

Well depth: 140 feet well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 1 inches Type of screen: PVC

Overall well depth: 140 feet Casing depth from _____ 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underdrilled 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 (04/05)

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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 2369
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-28-08
 Carry information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-118
 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>Daisy Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1187 Thomas Branch Rd</u> <u>Mc Comb 39648</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ N _____ W Sec <u>11</u> T <u>14</u> R <u>9E</u>
Telephone No. (_____) _____	Distance: _____ Direction: <u>West of Tybertown MS</u>

Pump Type Circle one	Motor 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): _____	Motor Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-28-08</u>	Setting Depth: <u>120</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>5-28-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>85</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>85</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FORM OLWR-3000-15 (04/06)

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