

Job # 8532

County: Quitman  
 Permit #: \_\_\_\_\_  
 Driller: Pete's Well Drilling  
 Date drilling completed: 9-5-08

**Well Driller Report and Well 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 #: F39  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Chris Jamison</u>	Latitude: <u>34° 16' 24.15"</u> Longitude: <u>90° 10' 41.25"</u>
Mailing Address: <u>957 Jamison Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>38646</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: <u>Marks</u> State: <u>MS</u> Zip Code: <u>38646</u>	<u>SE 1/4 NE 1/4 Sec 27 Twn 28N Rng 1E</u>
Telephone No. <u>(662) 326-5361</u>	Distance: <u>10</u> Miles Direction: <u>E</u> of Nearest Town: <u>Marks</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 9-5-08 Date well drilling completed: 9-5-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 9-5-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 60 feet to 100 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

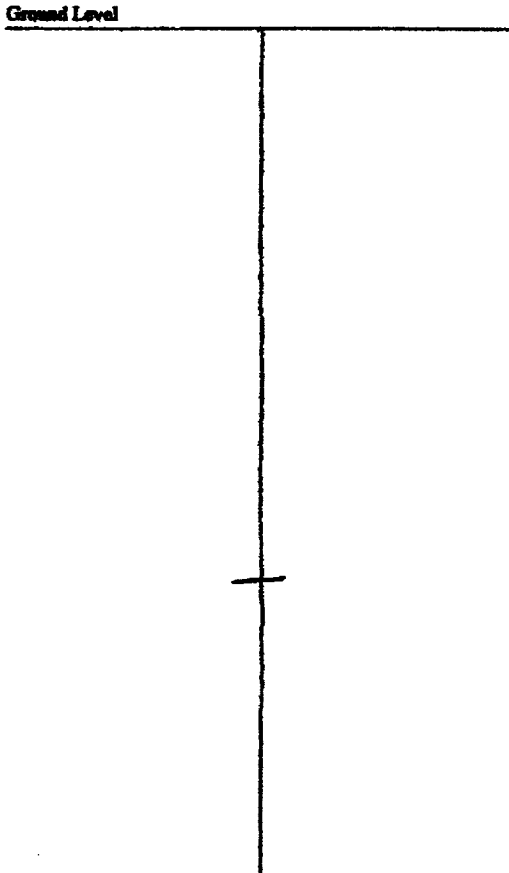
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 0430  
 Print Name of Water Well Contractor and License No.

Pete Sapp  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

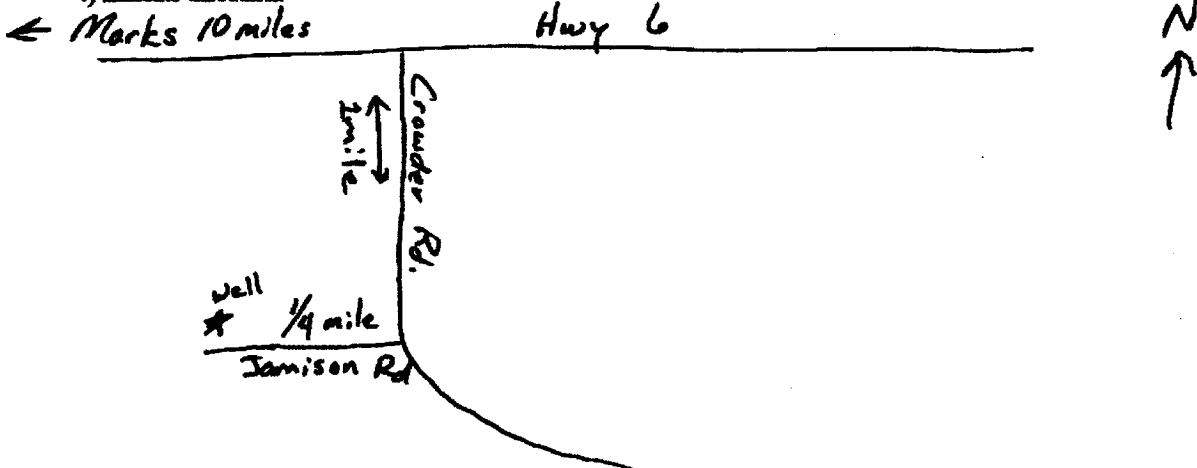
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Description of Formations Encountered	From	To
Mud/Clay	0	27
Coarse Sand/Gravel	27	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Chris Jameson

[Handwritten Signature]  
Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Quitman  
Permit #: \_\_\_\_\_  
Driller: Pete's Well Drilling  
Date completed: 9-5-08

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Chris Jamison</u>	Latitude: <u>34°16'24"</u> Longitude: <u>90°10'42"</u>
Mailing Address: <u>957 Jamison Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Marko, MS 38646</u>	1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 326-5361</u>	<u>10 Miles E of Marko</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): _____	Horse Power Rating of Motor: <u>3 HP</u>
Other (specify): _____	Setting Depth: <u>50</u> feet
Date Pump Installed: <u>9-5-08</u>	Number of Stages: <u>3</u>
Rated Pump Capacity: <u>70</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-5-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>NO</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Pete's Well Drilling EX-30  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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