

County: Scott
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 10-15-12

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 #: B37
 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>Jodie Reyer</u>	Latitude: <u>32° 34' 18.10"</u> Longitude: <u>89° 33' 29.07"</u>
Mailing Address: <u>1098 County Line</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Lena</u> City <u>MS</u> State <u>39094</u> Zip Code	<u>SW 1/4 NW 1/4</u> Sec. <u>2</u> Twn <u>8N</u> Rng <u>7E</u>
Telephone No. (<u>601</u>) <u>906-1185</u>	Distance <u>2</u> Miles Direction <u>SE</u> of Nearest Town <u>Lena</u>

Well / Borehole Data

Date drilling started: 10-15-12 Date drilling completed: 10-15-12 Hole depth: 135' Hole diameter: 4

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 lb in wash & tender

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: 42 feet above or below (circle one) land surface Date measured: 10-15-12

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

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 105 feet to 135 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

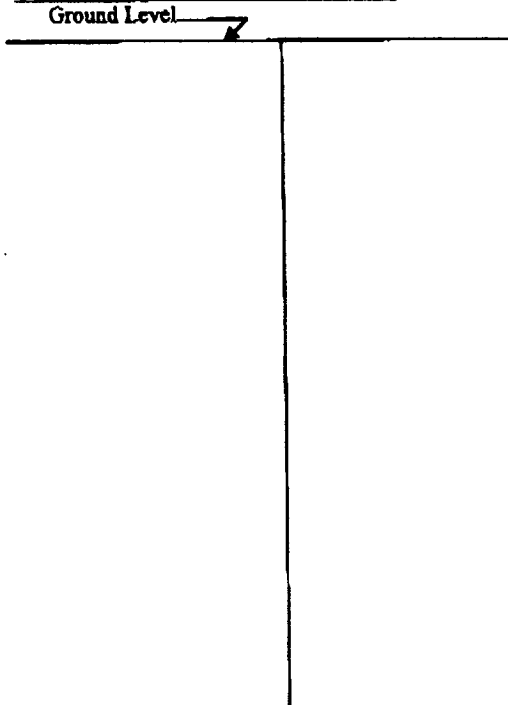
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

B37

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Mixed Dirt	0	8
sand	8	17
clay & sand	17	43
sand	42	135

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) a north arrow.

Landowner Name: Jodie Reyer

Form: OLWR-SWR-1A (04/08)

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

David S. Thomas 0-147 10-17-12 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

For Office Use Only:

Aquifer: _____

Well #: B37

Elevation: _____

County: LEAKE
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 10-19-12

Copy information from block on Part 1

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>Jodie Keyser</u>	Latitude: <u>33° 34' 18.26"</u> Longitude: <u>-89° 33' 29.09"</u>
Mailing Address: <u>1098 County Line</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LENA</u> <u>MS</u> <u>39094</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 2 T 6N R 7E</u>
Telephone No. <u>(601) 906-1185</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>LENA</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3-30</u>
Date Pump Installed: <u>10-19-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10-19-12</u>	Circle one
Static Water Level (A): <u>42</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>54</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>65</u> Gallons Per Minute	Well yielded <u>65</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	<u>12</u> feet after <u>1</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

David S. Thomas 0-147
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer