

State Well Report

Part I

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 #: K29
 L. S. Elevation: _____
 B-log #: _____

County: Scott
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 8-10-11

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>Tracy Avenor #1</u>	Latitude: <u>32° 21' 54" N</u> Longitude: <u>89° 35' 39" W</u>
Mailing Address: <u>650 Kalem Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Morton MS 39117</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 Sec 17 Twn 6N Rng 7E</u>
Telephone No. <u>(601) 201-7499</u>	Distance Direction Nearest Town
	<u>5 Miles East of Morton</u>

Well Data

Purpose of Well (circle one) Mining Industrial Public Supply Irrigation Fish Culture Other: Poultry

Date well drilling started: 7-10-11 Date well drilling completed: 8-10-11

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

Static Water Level: 101 feet above or below (circle one) land surface Date measured: 8-9-11

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

Hole depth: 480' Well depth: 370' Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1008 inches Setting depth: From 350 feet to 370 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 logs: State - V-0029

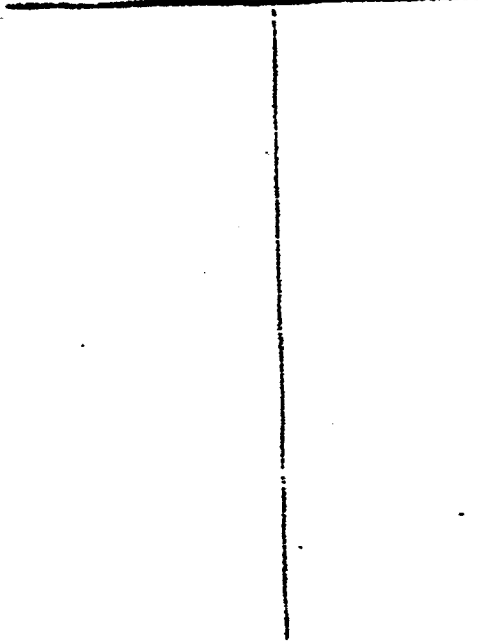
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold FINDER JR 0-560 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



Distribution of Formations Encountered

From To

Distribution of Formations Encountered	From	To
105 M	0	40
Yazoo Clay	40	175
Sandy Clay	175	340
Sand	340	405
Clay	405	

K29

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.

The sketch shows a rectangular property boundary. At the top center, a well is indicated by a vertical line with a rectangular cap labeled 'well'. A horizontal line representing a railroad (R/R) crosses the property below the well. Below the railroad is a road labeled 'Kalein Rd.'. At the bottom of the sketch, a road labeled 'Hwy 80' runs horizontally. Directional markers are present: 'Morton L' on the left, 'Forest' on the right, and 'Hwy 80' in the center-bottom. The landowner's name 'Tracy Arender' is written at the bottom.

Landowner Name: Tracy Arender

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)

County: Scott
 Permit #: _____
 Driller: Will Barlow
 Date completed: 8-10-11

For Office Use Only:

Aquifer: _____
 Well #: K29
 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>Tracy Avender #1</u>	Latitude: <u>32 21 54 W</u> Longitude: <u>89 35 39 W</u>
Mailing Address: <u>650 Kalem Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Morton MS 39117</u> City State Zip Code	SE <u>1/4</u> NE <u>1/4</u> Sec <u>17</u> Twn <u>6 N</u> Rng <u>7 E</u>
Telephone No. <u>(601) 201-7499</u>	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Morton</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	Whiskill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8-9-11</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>101</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>148</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>47</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.

Arnold Finder Jr 0-560
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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