

County: Shankley
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 9-12-11

State Well Report
Part I - Driller's 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:
 Acquirer: _____
 Well #: D54
 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>Drew St. John</u>	Latitude: <u>32° 59.044' N</u> Longitude: <u>90° 39.6100' W</u>
Mailing Address: <u>281 Old Jackson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>36</u>
<u>Madison MS, 39110</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 12 Tw 13 N Rng 5 W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Louise MS.</u>

Well / Borehole Data

Date drilling started: 9-12-11 Date drilling completed: 9-12-11 Hole depth: 83 Hole diameter: 20

Location of the source of any surface water used for drilling: Ditch
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 28 feet above or below (circle one) land surface Date measured: 9-13-21

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

Well depth: 83 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Benotite Mix

Casing length: 43 feet Casing diameter: 6 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 6 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 43 feet to 83 feet

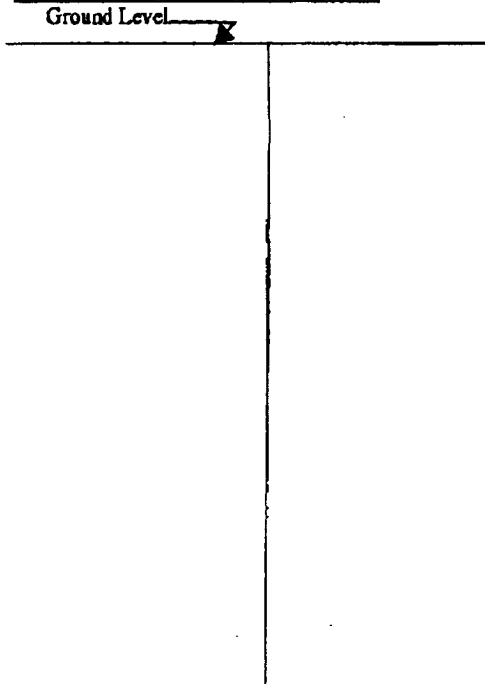
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

8+3

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
Fine sand	10	20
med sand	20	30
Course sand	30	60
Course sand + p-gravel	60	83

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: Draw St John

Form: OLWR-SWR-1A

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.

Charles M. Nichols 0-0667 3-3-12

Print Name of Responsible Licensee and License No. Date

Charles M. Spectors

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)

County: Sharkey
 Parish #: _____
 Driller: Matt Nichols
 Date completed: _____
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: DS4
 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 90 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Drew St. John</u>	Latitude: <u>32° 59.044 N</u> Longitude: <u>90° 39.610 W</u>
Mailing Address: <u>281 Old Jackson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Madison MS 39110</u>	USGS quad <u>22</u> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12 T 13 R 5 W</u>
Telephone No: <u>(601) 405-7557</u>	Distance Direction Nearest Town <u>5 Miles West of Louisville, MS</u>
	<u>39097</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>9/13/2011</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/13/2011</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>28</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 _____ 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.

Robert Byars 0-543
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars
 Signature of Pump Installer