

County: Suwannee
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-22-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)981-5210
 (601)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-76
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee holder responsible for the work and filed with the Department at the above address within 30 days of completion of the well or borehole.

Information on Well Owner	Well or Borehole Location
(Licensee of borehole is not for a water well) Owner Name: <u>Randy Puckett</u> Mailing Address: <u>172 Willie Rankin Rd</u> <u>Mendenhall Ms</u> <u>39114</u> City: _____ State: _____ Zip Code: _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ 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 _____ <input type="checkbox"/> 1/4 _____ <input type="checkbox"/> 1/2 Sec <u>34</u> Twp <u>24</u> Rng <u>SE</u> Distance: <u>6</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Mendenhall</u>

Well / Borehole Data

Date drilling started: 5-22-08 Date drilling completed: 5-22-08 Hole depth: 125 Hole diameter: 7 in

Location of the source of any surface water used for drilling: _____
 Method of closing and volume of Chlorine used in drilling and development: Community 2 Ha 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: 50 feet above or below (circle one) land surface Date measured: 5-22-08

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

Well depth: 125 feet ground to a depth of _____ feet type of ground (circle one): Soil Bedrock Muck

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

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

Screen slot size: .008 inches setting depth: from 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Undersanded Telescoped Open hole Natural Fracturing
 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 (04/08)

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STATE WELL REPORT

Part 2

County: Simpson

Permit #: _____

Driller: JAMES WELLS

Date completed: 5-22-08

Copy information from block on Part 1

Pump Installation Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39202
 (601)961-5210
(continued on reverse side)

FOR OFFICE USE ONLY

Analyst: _____

Well #: E-76

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 as the above conditions within 30 days of well completion.

<p>Owner Name: <u>Randy Puckett</u></p> <p>Mailing Address: <u>172 Willie Rankin Rd</u> <u>Mendenhall MS</u> <u>39114</u></p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>Telephone (Area): _____</p>	<p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS</p> <p><u>1/4</u> <u>1/4</u> Sec <u>24</u> T <u>2N</u> R <u>S E</u></p> <p>Distance: _____ DIRECTION: _____ INCREASE / DECREASE: _____</p> <p><u>5</u> <u>WEST</u> of <u>Mendenhall MS</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u></p> <p>Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine</p> <p>Commingled: <input type="checkbox"/> NONE <input type="checkbox"/> FLOWING / GEL</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>5-22-98</u></p> <p>Rated Pump Capacity: <u>15</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Motor Type (specify): _____</p> <p>Motor Term. Rating (Volts): <u>1</u></p> <p>Options (check): <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>Number of Stages: <u>14</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>DATE WHEN TESTED: <u>5-22-08</u></p> <p>Static Water Level (ft): <u>50</u> Feet Below Land Surface</p> <p>Pumping Water Level (ft): <u>90</u> Feet Below Land Surface</p> <p>Drawdown (ft) - (A): <u>50</u> Feet Below Land Surface</p> <p>Test Pumping Time: <u>15</u> Minutes (See Note)</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>4 Feet</u></p> <p>Other (specify): _____</p> <p>FOR FLOWING WELL, MEASURED SEED IN HOLES: _____ feet</p> <p>Well yielded: <u>15</u> Gallons with a drawdown of _____</p> <p><u>5</u> feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0586 James Wells

PRINT NAME OF PUMP INSTALLER AND LICENSE NO. SEE DEPARTMENT REGISTRATION NO. SEE DEPARTMENT

FORM OLWRS-107-10 (04/05)

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