

Simpson

County: Jackson
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-26-10

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 #: 071
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>James T Smith</u>	Latitude: <u>31.46.07"</u> Longitude: <u>89.51.41"</u>
Mailing Address: <u>1150 Henry Therman Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>New Orleans MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39140</u>	NW 1/4 NE 1/4 Sec <u>120</u> Twn <u>9N</u> Rng <u>19W</u>
Telephone No. (<u>601</u>) <u>849 2256</u>	Distance <u>5</u> Miles Direction <u>East</u> of Nearest Town <u>New Orleans</u>

OK

Well / Borehole Data

Date drilling started: 5-24-10 Date drilling completed: 5-24-10 Hole depth: 200 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek

Method of dosing and volume of Chlorine used in drilling and development: 3 lb Shocks

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: 90 feet above or below (circle one) land surface Date measured: 5-26-10

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

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 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 180 feet to 200 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*

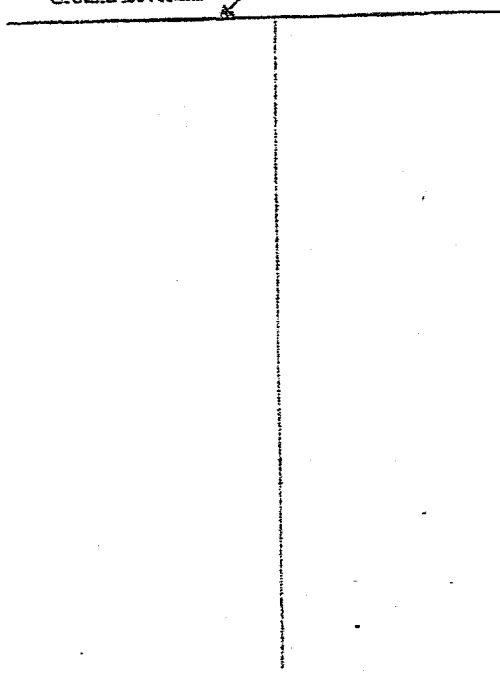
Form: OLWR-SWR-1A (04/08)

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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

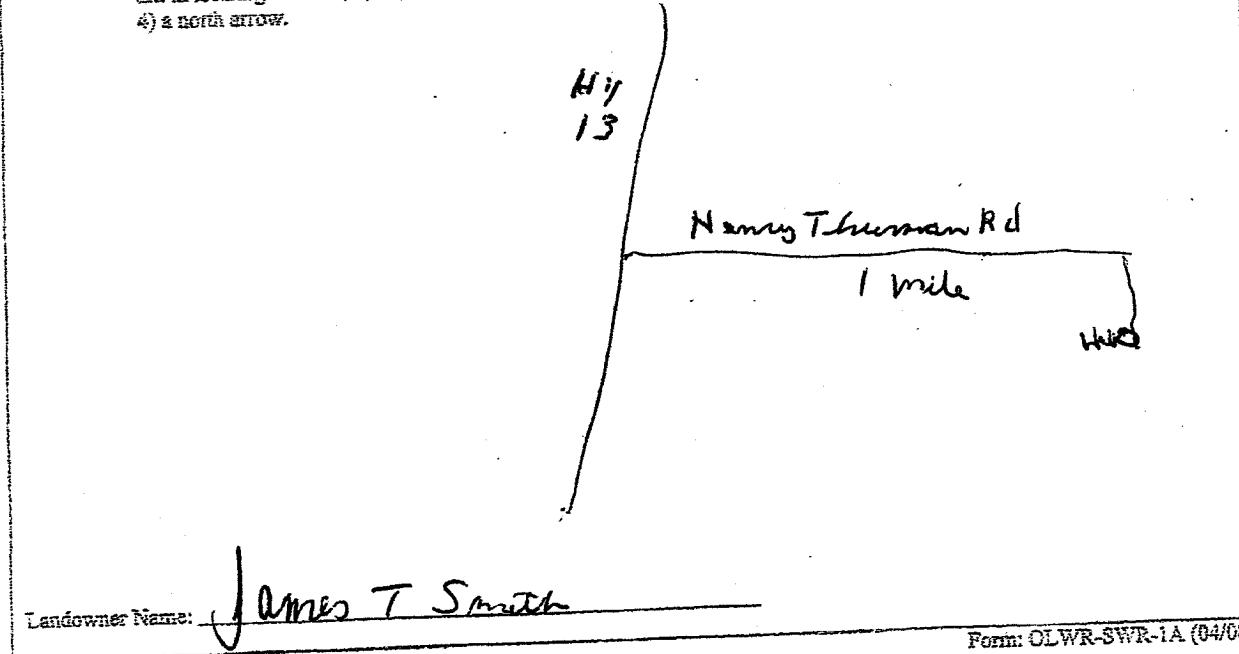
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
Clay	2	20
Sand	20	200

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: James T Smith

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.

Print Name of Responsible Licensee and License No. JAMES WELLS 0-586

Date:

Signature of Licensee James Wells

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Simpson

STATE WELL REPORT

County: Jackson
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-26-10
Copy information from block on Part 1

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 #: 071
 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 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>James T Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1150 Harry Thelma Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>New Haven MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>39140</u>	<u>NW 1/4 NE 1/4 Sec 12 T 9 N R 19 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 849-2256</u>	<u>5 Miles EAST of New Haven</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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>5-26-10</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-26-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>90</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.
JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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