

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)

County: Simpson
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 4-7-09

For Office Use Only:
Aquifer: _____
Well #: Q-69
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>Jimmy Puckett</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>170 Barney Road</u> <u>Magee MS 39111</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>10N</u> Rng <u>17W</u> |
| Telephone No. <u>(601) 797 4532</u> | Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SE</u> of <u>Magee</u> |

Well / Borehole Data

Date drilling started: 4-7-09 Date drilling completed: 4-7-09 Hole depth: 90 Hole diameter: 7

Location of the source of any surface water used for drilling: Community
Method of dosing and volume of Chlorine used in drilling and development: 3 1/2 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: 40 feet above or below (circle one) land surface Date measured: 4-7-09

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 20 feet to 90 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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Q-69

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.

Ground Level _____

| Description of Formations Encountered | From (depth) Ground Level | To (depth) |
|---------------------------------------|------------------------------|------------|
| clay | 2 | 30 |
| sand | 30 | 60 |
| gravel | 60 | 90 |
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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: Jimmy Perrett

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

Signature of Licensee James Wells

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Simpson
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 4-7-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-69
 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>Jimmy Puckett</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>170 Barney Road</u> <u>Magee Ms 39111</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>24</u> T <u>10N</u> R <u>17W</u> |
| Telephone No. <u>(601) 797 4532</u> | Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SE</u> of <u>Magee</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>4-9-09</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>4-9-09</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface | Well yielded <u>35</u> GPM with a drawdown of |
| Test Pumping Rate: <u>35</u> Gallons Per Minute | <u>40</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