County: Smith
Permit #:
Driller: David West
Date drilling completed: 3-12-08

State Well Report
Part 1 – 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:
Aquifer:
Well #: M-29
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)

Owner Name: Herman Cockrell
Mailing Address: 3688 SCR 110
Magee (City) MS (State) 39111 (Zip Code)
Telephone No. (601) 733-9929

Well or Borehole Location

Latitude: 31° 55' 00" Longitude: 89° 38' 00"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NE ¼ Sec 23 Twn 1N Rng 6E
Distance 6 Miles Direction NW of Nearest Town Mize

Well / Borehole Data

Date drilling started: 3-10-08 Date drilling completed: 3-12-08 Hole depth: 299' Hole diameter: 6 ½"
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
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:
Method of Measurement (circle one) steel tape (electric tape) air line other:
Well depth: 299' Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite (Mix)
Casing length: 279' feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 010 inches Setting depth: From 279 feet to 299 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*

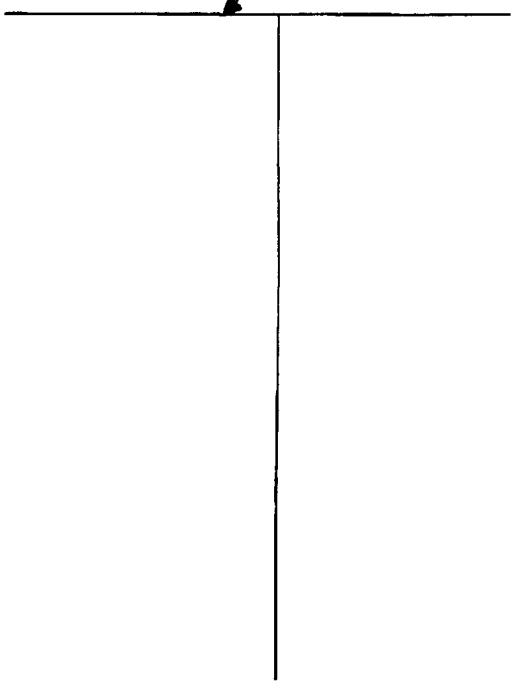
Form: OLWR-SWR-1A

M-29

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

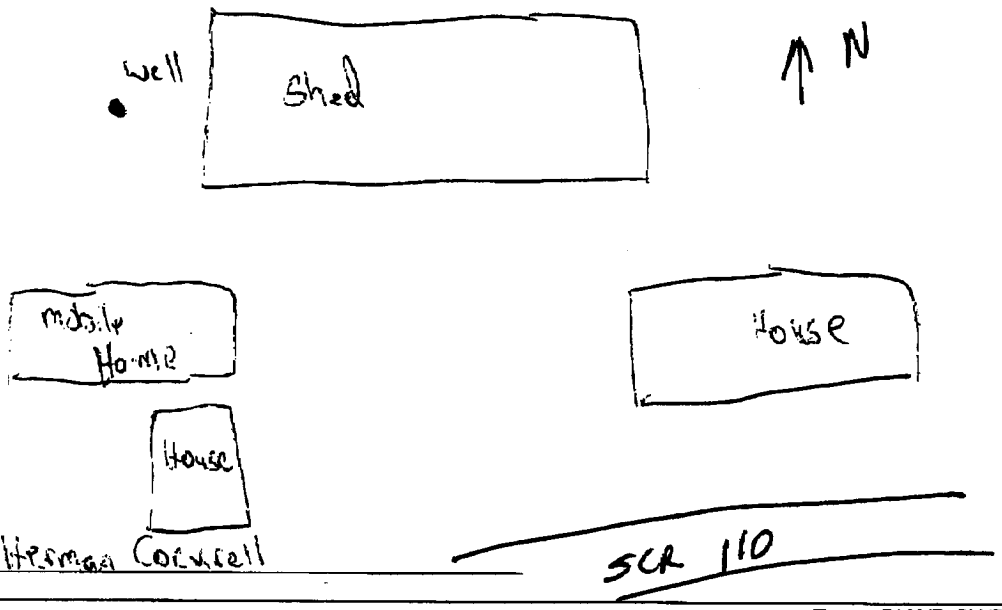


If more than one screen, show location of each on sketch

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)
Sandy topsoil	Ground Level	3
Sandy Clay	3	122
Clay	122	160
Rock and clay Streaks	160	220
Clay	220	245
Sandy	245	264
Sand	264	397

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: Herman Cornell

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.

David West 01672 3-12-08 David West

Print Name of Responsible Licensee and License No. **Date** **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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Smith
Permit #:
Driller: David West
Date completed: 3-12-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: M-29
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

Owner Name: Herman Cox Well
Mailing Address: 3688 SCR 710
Magee (City) MS (State) 39111 (Zip Code)
Telephone No. 601 733-9929

Well Location

Latitude: 31°55' Longitude: 89° 38'
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___
NW ¼ NE ¼ Sec 23 T 1W R 6E
Distance 6 Miles Direction NW of Nearest Town Mize

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 3-12-08
Rated Pump Capacity: 55 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 5
Setting Depth: 160 feet
Number of Stages:

Pump Test Data

Date Well Tested:
Static Water Level (A): ____ Feet Below Land Surface
Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) – (A)]: ____ Feet Below Land Surface
Test Pumping Rate: ____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ____ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify):

For flowing well, measured shut in head: ____ feet
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David West 0-693 — Print Name of Pump Installer and License No. (if applicable)
David A. West — Signature of Pump Installer

Form: OLWR-SWR-1B