

**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: Smith
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 5-3-08

For Office Use Only:

Aquifer: P-56
Well #: P-56
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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Donald Pittman</u> Mailing Address: <u>314 SC 20-A</u> <u>Mt. Olive MS 39119</u> City: _____ State: _____ Zip Code: _____ Telephone No. (<u>601</u>) <u>733 2756</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>10N</u> Rng <u>16W</u> Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>W</u> of <u>Mt Olive</u> <u>EAST</u></p>
---	--

Well / Borehole Data

Date drilling started: 5-3-08 Date drilling completed: 5-3-08 Hole depth: 120 Hole diameter: 7
Location of the source of any surface water used for drilling: Well Water
Method of dosing and volume of Chlorine used in drilling and development: 2 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: 50 feet above or below (circle one) land surface Date measured: 5-3-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 100 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 100 feet to 120 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 (04/06)

RECEIVED
JUN 10 2008
BY: OLWR

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: Smith
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-3-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-56
 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>Donald Pittman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>314 SCS 264</u> <u>Mt. Olive MS 39119</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>26 T10N R16W</u>
Telephone No. <u>(601) 733 2756</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 Miles EAST of Mt Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-3-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-3-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>50</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
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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

RECEIVED
 JUN 10 2008
 BY: OLWR