

#2

County: Smith
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 4-16-11

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: Q 63
 Well #: _____
 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: William Allen
 Mailing Address: 145 NYS32
mt olive ms
39119
 City State Zip Code
 Telephone No. (601) 3170719

Well or Borehole Location
 Latitude: 31° 48.12' Longitude: 89° 32.07'
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 Sec 29 Twn 10N Rng 15W
 Distance Direction Nearest Town
6 Miles north of mt olive ms

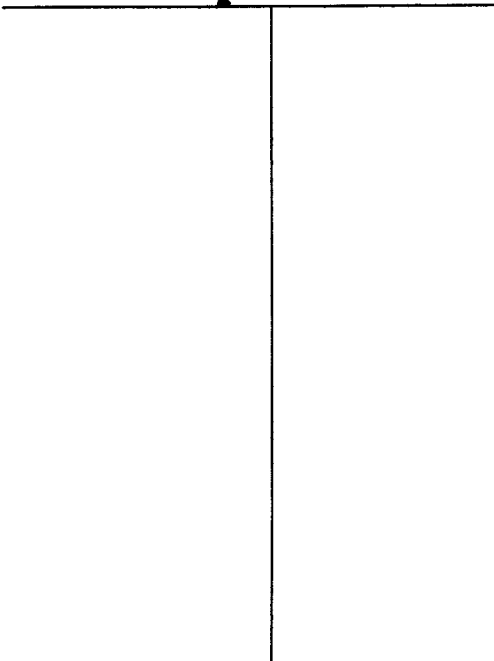
Well / Borehole Data
 Date drilling started: 4-16-11 Date drilling completed: _____ Hole depth: _____ Hole diameter: 7
 Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: Shock 2lb
 Logs run (circle all applicable): 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: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 175 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 155 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 155 feet to 175 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*

Casing Only

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

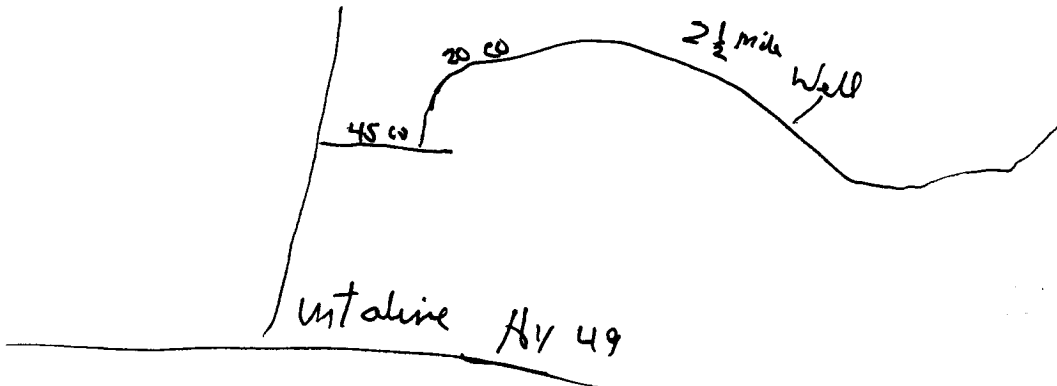


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	2
Clay	2	90
Sand	90	175

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: William Allen

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.

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

James Wells
 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)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Smith

Permit #: _____

Driller: JAMES WELLS

Date completed: 4-16-11

This report should be prepared by the pump installer in detail and filed with the Department ~~within 30 days~~ of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>William Allen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>145 N y 532</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>mt olive MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39119</u>	<u>1/4</u> <u>1/4</u> Sec. <u>29</u> Twn <u>10N</u> Rng <u>1SW</u>
Telephone No. (<u>601</u>) <u>317 0719</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>5 1/2</u> Miles <u>North</u> of <u>mt olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ 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

Casing Only