

County: Smith
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 4-5-11

State Well Report
Part I - 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 #: R 105
 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>Newt Tshoe</u>	Latitude: <u>31° 52' 02"</u> Longitude: <u>89° 21' 56"</u>
Mailing Address: <u>2738 SCR 33</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <u>13W</u>
<u>Taylorville MS 39168</u> City State Zip Code	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>6</u> Twn <u>10N</u> Rng <u>9E</u> <u>14W</u>
Telephone No. <u>601-577-7443</u>	Distance <u>10</u> Miles Direction <u>NE</u> of Nearest Town <u>Taylorville</u>

Well / Borehole Data

Date drilling started: 4-5-11 Date drilling completed: 4-5-11 Hole depth: 125 Hole diameter: 7 1/2"

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

Method of dosing and volume of Chlorine used in drilling and development: 5100

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: 80 feet above or below (circle one) land surface Date measured: 4-5-11

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

Well depth: 125 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 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 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10651
 Jackson, MS 39289-0651
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: R105

Elevation: _____

Owner: Smith
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 4-5-11

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>Newt Tshep</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2738 SCR 33</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Taylorsville MS 39168</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 6 Twp 10N Rng 14W</u>
Telephone No. <u>(601) 577-7443</u>	Distance Direction Nearest Town
	<u>10 miles NE of Taylorsville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify): _____	Electric Motor <input checked="" type="checkbox"/>
Date Pump Installed: <u>4-5-11</u>	Hand <input type="checkbox"/>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Tractor PTO <input type="checkbox"/>
	Windmill <input type="checkbox"/>
	Other (specify): _____
	Motor Power Rating of Motor: <u>1</u>
	Setting Depth: <u>100</u> feet
	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-5-11</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	<u>Test Tube</u> <input checked="" type="checkbox"/>
Drawdown (B) - (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>17</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>17</u> GPM with a drawdown of
	<u>520</u> feet after <u>4</u> hours of pumping

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

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