

#609
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County: Sunflower
 Permit #: OW 41683
 Driller: David Canady
 Date drilling completed: 3-29-07

State Well Report
Part I - 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 #: D-113
 L. S. Elevation: _____
 Li-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 (Lanowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Eddie McCain</u>	Latitude: <u>N33° 50' 24.4"</u> Longitude: <u>W90° 33' 18.0"</u>
Mailing Address: <u>215 Shilling Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> <u>18</u>
<u>Drew</u> MS <u>38737</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>23N</u> Rng <u>3W</u>
Telephone No. <u>(662) 588-0997</u>	Distance <u>2.7</u> Miles <u>NE</u> of <u>LR</u>

Well / Borehole Data

Date drilling started: 3-29-07 Date drilling completed: 3-29-07 Hole depth: 118' Hole diameter: 28"

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

Method of dosing and volume of Chlorine used in drilling and development: 5 LBS GARDOLIN

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: 41.5' feet above or below (circle one) land surface Date measured: 4/3/07

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

Well depth: 118' Well grouted to a depth of 10 feet Type of grout (circle one): (Best Cement) Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 65 feet to 118 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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

APR-19-2007 14:13 From:MID SOUTH WATER

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P.3/4

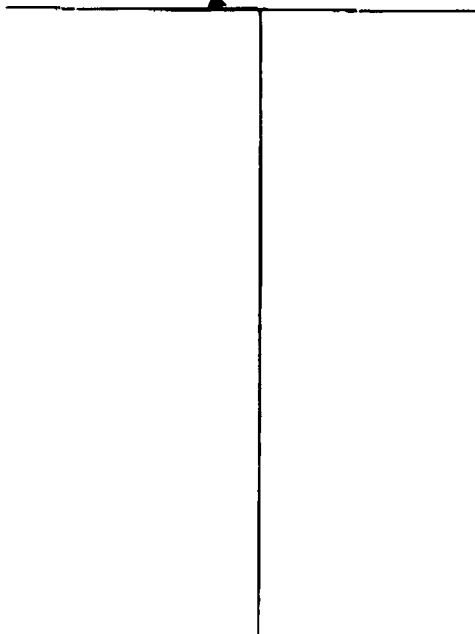
GW41683

D-113

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

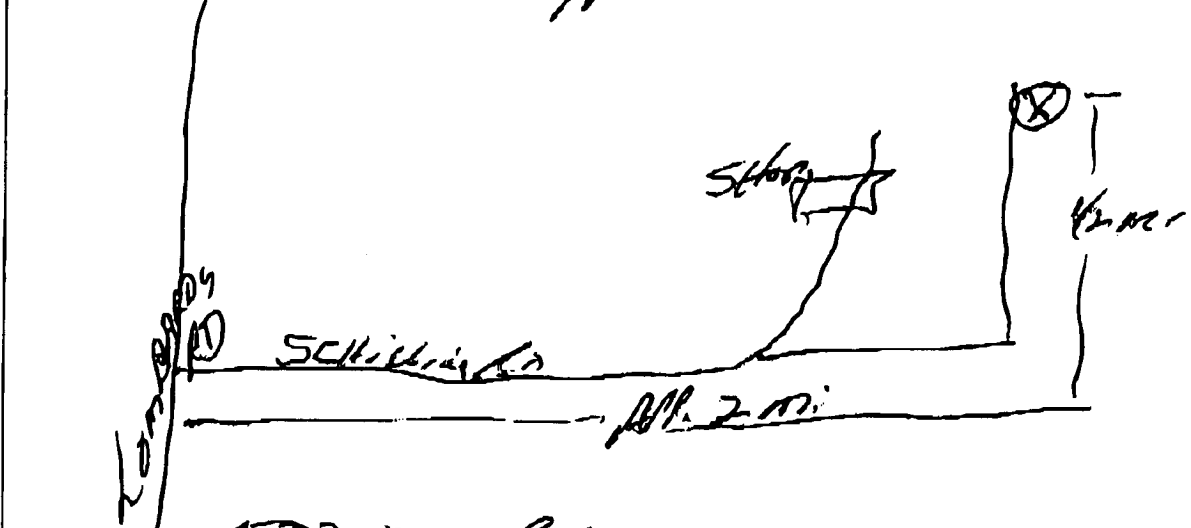


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	14
Clay	14	34
Fine Sand	34	54
Coarse Sand	54	84
Coarse Sand & Gravel	84	118

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: EDDIE McLAIN

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.

Print Name of Responsible Licensee and License No. Thomas G. Chestman 0-703

Date 4/18/07

Signature of Licensee Thomas G. Chestman

APR-19-2007 14:13 From: MID SOUTH WATER

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To: 601 360 0535

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer _____

Well # D-113

Elevation _____

County Sunflower
 Permit # GW 41683
 Driller: Scott Hoach
 Date completed: 4-3-07
Copy information from block on Part 1.

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>Eddie McCain</u>	Latitude: <u>N33° 50' 29.4"</u> Longitude: <u>W090° 33' 18"</u>
Mailing Address: <u>215 Shilling Rd.</u>	Method of Test/Log (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Drew</u> <u>MS</u> <u>38737</u> City State Zip Code	_____/_____/_____ 1/4 Sec <u>30</u> T <u>23</u> R <u>3W</u>
Telephone No. <u>(662) 588-6997</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>NE</u> of <u>Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>4-3-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>41.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Chestman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chestman
 Signature of Pump Installer