

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: J 86

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 3-29-10

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>ROBERT LOGAN</u> | Latitude: <u>34.36.26</u> " Longitude: <u>89.44.47</u> " |
| Mailing Address: <u>1954 HYDE RD</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>SEMAFORA, MS 38668</u> | <u>SW 1/4 NE 1/4 Sec 5-32 Twn 155 Rng 25W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>662 567-9744</u> | <u>3</u> Miles <u>N/W</u> of <u>T410</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 3-29-10 Date well drilling completed: 3-29-10

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 4-1-10

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

Hole Depth: 230 Well depth: 230 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix _____

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS inches Setting depth: From 220 feet to 230 feet

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

Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Bob Smith 0645
 Print name of Water Contractor and License No. Signature of Water Well Contractor

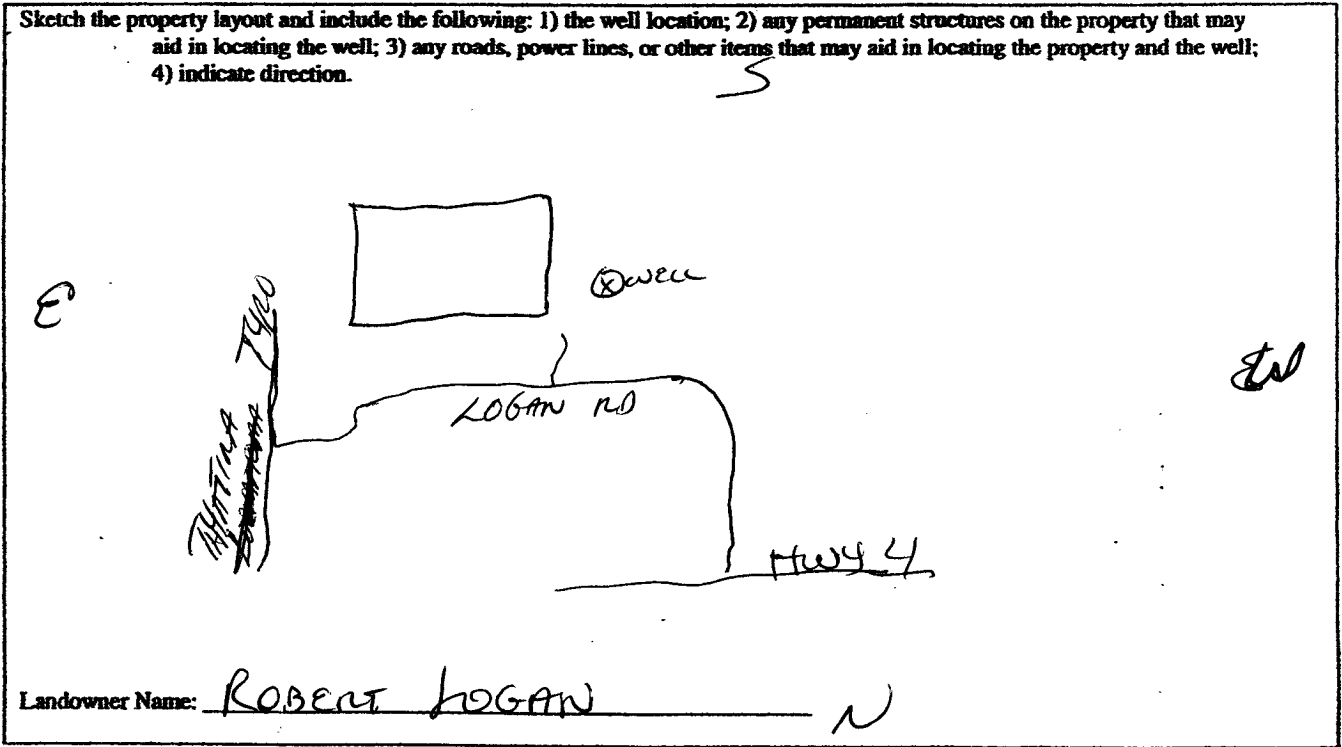
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Ground Level

586

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 8 |
| BROWN CLAY | 8 | 20 |
| WHITE SAND + CLAY | 20 | 160 |
| WHITE SAND | 160 | 230 |
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If more than one screen, show location of each on sketch




 Signature of Water Well Contractor

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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 2309
Jackson, MS 39225

| | |
|----------------------------|------------|
| For Office Use Only | |
| Aquifer: | <u>586</u> |
| Well #: | _____ |
| Elevation: | _____ |

| | |
|-----------------|------------------|
| County: | <u>TATE</u> |
| Permit #: | _____ |
| Diller: | <u>Bob Smith</u> |
| Date completed: | <u>4-1-10</u> |

This report be prepared by the pump installer in detail and filed with the Department within 30 days of completion of drilling of the well.

| | |
|--------------------------------------|--|
| Well Owner Information | Well Location |
| Owner Name: <u>ROBERT LOGAN</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1954 HYDE RD</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>SARMOGA, MS 38668</u> | USGS quad, Hand-held GPS, survey grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec. T-30N R-55 E-1W</u> |
| Telephone No. <u>(662) 562-9744</u> | Distance _____ miles Direction <u>NW</u> Nearest Town of <u>TYCO</u> |

| | |
|--|--|
| Pump Type Circle one | Power Type Circle one |
| Air lift: Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input checked="" 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: <u>3/4</u> |
| Date Pump Installed: <u>4-1-10</u> | Setting Depth: <u>140</u> feet |
| Rated Pump Capacity: <u>10</u> gallons per min | Number of Stages: <u>11</u> |

| | |
|---|--|
| Pump Test Data | Method of Measuring Water Level circle one |
| Date Well Tested: <u>4-1-10</u> | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level(A): <u>115</u> feet below Land Surface | Other(specify): <u>LINE + WEIGHT</u> |
| 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 <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>12</u> gallons per minute | |
| Duration of Pump Test (minimum 4 hours): _____ hrs | |

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

Bob Smith 0645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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