

County: Tate
 Permit #: 0-163
 Driller: Harry Carpenter
 Date drilling completed: 1-6-2012

State Well Report
Part 1 - 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: 591
 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)	Well or Borehole Location
Owner Name: <u>Bob Bowen</u>	Latitude: <u>34° 40' 24"</u> Longitude: <u>89° 42' 31"</u>
Mailing Address: <u>2600 Jason Patrick Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>17</u>
<u>Holly Springs MS 38635</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1NE</u> Sec <u>10</u> Tn <u>5S</u> Rng <u>5W</u>
Telephone No. <u>(662) 562 9188</u>	Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>Wyatta</u>

Well / Borehole Data

Date drilling started: 1-6-12 Date drilling completed: 1-6-12 Hole depth: 140 Hole diameter: 8"

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: 2.0 Chlorine to 1000 Gall water

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: 70 feet above or below (circle one) land surface Date measured: 1-9-12

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

Well depth: 140' Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 130 feet to 140 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
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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 #: J91

Elevation: _____

County: Tate
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 1-9-2012
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: Bob Bowen
 Mailing Address: 2600 Jason Patrick Rd
Holly Springs, MS 38635
City State Zip Code
 Telephone No. (662) 562-9188

Latitude: 34° 40' 24" Longitude: 89° 42' 21"
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SE 1/4 NE 1/4 Sec 10 T 55 R 5W
 Distance _____ Direction _____ Nearest Town _____
2 Miles North of Wigatte

Pump Type
Circle one

Power Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1-9-12
 Rated Pump Capacity: 12 Gallons Per Minute

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 3/4
 Setting Depth: 100 feet
 Number of Stages: 11

Pump Test Data

Method of Measuring Water Level
Circle one

Date Well Tested: 1-9-12
 Static Water Level (A): 70 Feet Below Land Surface
 Pumping Water Level (B): 75 Feet Below Land Surface
 Drawdown [(B) - (A)]: 5 Feet Below Land Surface
 Test Pumping Rate: 16 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 16 GPM with a drawdown of
5 feet after 4 hours of pumping

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

Larry Carpenter #0-162
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter
 Signature of Pump Installer

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 JAN 27 2012
 OLWR
 Form: OLWR-SWR-1B