

MAR-23-05 07:53 FROM-LAND & WATER

801-954-8088

T-087 P.01 F-166

County: Lippah
 Permit #: _____
 Driller: Frost
 Date drilling completed: 4/7/11

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)

Per Office Use Only
 Aquifer: D25
 Well #: _____
 I. 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 of 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: Bernie Hedum
 Mailing Address: 1001A CR 221
Walnut, MS 38683
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 34.54.49 Longitude: 89.50.17
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 13 Twp 25 Rng 4 E
 Distance Direction Nearest Town
2 Miles SE of Chazy Bate

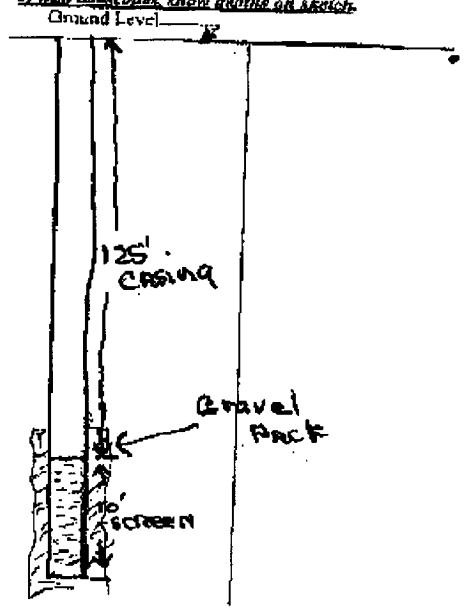
Well / Borehole Data
 Date drilling started: 4/7/11 Date drilling completed: 4/7/11 Hole depth: 135 Hole diameter: 4"
 Location of the source of any surface water used for drilling: none
 Method of disinfecting and volume of Chlorine used in drilling and development: hand
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization (bearing logs): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Scientific Survey _____ Other (describe): _____
 If the well is not related to water well construction, sign 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: 66 feet above or below (circle one) land surface Date measured: 4/8/11
 Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: PVC Pipe
 Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 125 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 125' feet to 135' feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of log pipe or reduction in casing: _____ feet. If different at more than one screen, describe on next page.

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801-354-6938 T-007 P.02 F-155

1125

The sketch below only required for water wells.
If well ~~is~~ ^{is} cased, show depth on sketch.



Description of formations encountered may be provided for all wells and boreholes, unless specifically exempted by regulation.

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red Clay	0	16
Red Sand	16	55
Red	55	56
Red Sand	56	108
Sand	108	135

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: _____

Form: OLWR-BWR-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. Bernard Frost

Date 4-22-11

Signature of Licensee Bernard Frost

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FROM-LAND & WATER

601-954-8838

T-087 P.03 F-158

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)

County: Jackson
 Permit #: _____
 Driller: Frost
 Date completed: 4/18/11
Copy information from block in Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

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>Bennie Hodum</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1001A CR221</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Walnut, MS 38683</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	1/4 1/4 Sec <u>13</u> T <u>25</u> R <u>4E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Chalhybeate</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4/18/11</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/18/11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>66</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</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 _____ 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): _____ hours	

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

Bernard Frost 0217 Bernard Frost
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer