

County: Walsh
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-13-08

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 #: H-123
 E. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>J.H. Dier</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>104 Centerville Rd</u> <u>Tylertown MS 39667</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	% _____ % Sec <u>9</u> Twp <u>1n</u> Rng <u>10E</u>
Telephone No. <u>(601) 303 9098</u>	Distance <u>6</u> Miles Direction <u>SW</u> of Nearest Town <u>Tylertown</u>

Well / Borehole Data

Date drilling started: 5-13-08 Date drilling completed: 5-13-08 Hole depth: 90 Hole diameter: 7

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

Method of casing and volume of Chlorine used in drilling and development: 2 Hr Shock

Logs run (circle all applicable): No logs run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running logs: _____

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: 60 feet above or below (circle one) land surface Date measured: 5-13-08

Method of Measurement (circle one): sound tape electro tape air line other _____

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Grout Mortar

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .007 inches Setting depth: from 70 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underdrained 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 (04/08)

RECEIVED
 JUN 10 2008
 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Certification Request
 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)

County: Waltham
 Permit #: _____
 Driller: JAMES WELLS
 Date installed: 5-13-08
Copy information from back on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-123
 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 or the submittal must occur 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>J. H. Dier</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>104 Centerville Rd</u> <u>Tybertown MS 39667</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	1/4 _____ 1/4 Sec <u>9</u> T <u>1N</u> R <u>10E</u>
Telephone No.: <u>601 303 9698</u>	Distance _____ Direction _____ Nearest Town _____ <u>6 miles SW of Tybertown MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ <u>Turbine</u>	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Turbine _____	Other (specify): _____
Date Pump Installed: <u>5-13-08</u>	Motor Power Rating (HP): <u>1</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Cutting Depth: <u>90</u> Feet
	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-13-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>60</u> Feet Below Land Surface	Well yielded _____ <u>15</u> GPM with a drawdown of _____ feet after _____ <u>4</u> hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 1 hour): <u>4</u> hours	

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

JAMES WELLS 0586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 10 2008
 BY: OLWR