County: WAltHAll

Permit #: ____________

Driller: Willie Jordan

Date drilling completed: 4/19/13

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J83

Aquifer: ____________

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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Barbara Kennair

Mailing Address: 221 Ed Taylor Rd
Tylertown, Ms.

City State Zip Code

Telephone No. (____) ____________

Well or Borehole Location

Latitude: 31 ~~2 40~~ 01 45 Longitude: 90 6 ~~50~~ 04 .21

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____

NW ¼, NW ¼, Sec 26 T 1N R 11E

5 Miles SE of Tylertown
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4/19/13 Date drilling completed: 4/19/13 Hole depth: 178 Hole diameter: 7½

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

Method of dosing and volume of Chlorine used in drilling and development: ____________

Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other: ____________

Name of organization running log(s): ____________

Purpose of borehole (*circle 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 (*circle all applicable*): (Home) Industrial Public Supply Irrigation Fish Culture

Other (*describe*): ____________

If a flowing well, method of flow regulation: Valve ________ Other (*describe*) ____________

Static Water Level: 80 feet [above or below] land surface (*circle one*) Date measured: ____________

Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*): ____________

Well depth: 178 Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement Bentonite (Mix)

Casing length: 168 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 168 feet to 178 feet

Type of completion (*circle all applicable*): Gravel packed Underreamed 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-...

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County: Walthall

Permit #: _____

For Office Use Only:

Well #: J83

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

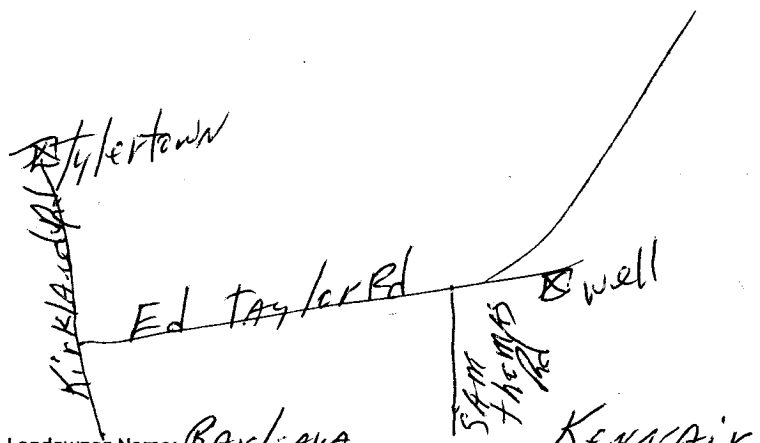
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (*depth*) Ground level	To (*depth*)
Top Soil	0	1
Sand, Clay	1	80
Sand	80	95
Clay	95	140
Sand	140	178

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) north arrow



I HEREBY 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.

Willie Jordan — Print Name of Responsible Licensee and License No.

4/19/13 — Date

Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: WAITHALL
Permit #:
Driller: Willie Jordan
Date completed: 4/19/13
Copy information from block on Part 1

For Office Use Only:
Well #: J83
Aquifer:

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

Owner Name: BARBARA KENNAIR
Mailing Address: 221 Ed Taylor Rd
Tylertown, MS.
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 31 2 44N (01 45) Longitude: 90 6 50W (04 21)
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
____¼ ____¼, Sec 26 T 1N R 11E
5 Miles (*Distance*) SE (*Direction*) of Tylertown (*Nearest Town*)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): ____
Date Pump Installed: 4/19/13 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*): ____
Horse Power Rating of Motor: ____ Setting Depth: ____feet Number of Stages: ____

Pump Test Data for Non Flowing Well

Date Well Tested: 4/19/13 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) - (A)]: ____Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*): ____

Pump Test Data for Flowing Well

Measured shut in head: ____feet.
Well yielded ____GPM with a drawdown of ____ feet after ____hours of pumping

Meter Installation

Meter Manufacturer: ____ Meter Serial Number: ____
Meter Model Number/Name: ____ Type of Meter: ____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): ____
Installation Date: ____ Meter installed by: ____
Is This Meter (*circle one*): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Willie Jordan 0-508 ____ [signature]
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

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