

County: Nathan
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 9-1-12

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 #: L54
 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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Meskelie Doodie</u> | Latitude: <u>31.03.904</u> Longitude: <u>89.54.393</u> |
| Mailing Address: <u>25 Son Thompson Rd</u> | Method of Lat/Long (circle one): <u>59</u> Conventional Survey, _____ |
| <u>Sandyhook MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>8</u> ✓ Twn <u>1N</u> Rng <u>13E</u> ✓ |
| Telephone No. <u>601.222.0821</u> | Distance _____ Miles Direction <u>E</u> of Nearest town <u>Sandyhook</u> |

Well / Borehole Data

Date drilling started: 9-1-12 Date drilling completed: 9-1-12 Hole depth: 165 Hole diameter: 7 1/2

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

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

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

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

Well depth: 165 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 145 feet to 20 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 (04/08)

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BY: OLWR

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 #: L54

Elevation: _____

County: Walthall

Permit #: _____

Driller: JAMES WELLS

Date completed: 9-11-12

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>MeShelie Doodie</u> | Latitude: <u>31°03.984</u> Longitude: <u>089°54.393</u> |
| Mailing Address: <u>25 San Thompson rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Sandyhook MS</u> | <u>NE ¼ SE ¼ Sec 8 Twn 1N Rng 13E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601)-222-0821</u> | <u>7</u> Miles <u>E</u> of <u>Sandyhook</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>1 H.P.</u> |
| Date Pump Installed: <u>9-11-12</u> | Setting Depth: <u>140</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>9-11-12</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>100</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>140</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>10 40</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

JAMES WELLS 0-586
Print Name of Pump Installer and License No. (if applicable)

James Wells
Signature of Pump Installer

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