

County: Washington
 Permit #: GW-45440
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-10-11

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C121
 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.

| | |
|--|---|
| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dianne Payne</u> Mailing Address: <u>603 North Deer Creek Dr.</u> <u>Leland</u> <u>Ms.</u> <u>38756</u> City State Zip Code Telephone No. () _____</p> | <p>Well or Borehole Location</p> <p>Latitude: <u>33° 31' 43.2"</u> Longitude: <u>90° 50' 45.3"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>5</u> Twn <u>19N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>Shaw</u></p> |
|--|---|

Well / Borehole Data

Date drilling started: 8-10-11 Date drilling completed: 8-10-11 Hole depth: 123 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: 32 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 84 feet to 123 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*

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \rightarrow

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay | Ground Level | 22 |
| Fine Sand | 23 | 33 |
| Fine Sand + Gravel | 34 | 44 |
| Medium Sand + Gravel | 45 | 123 |
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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: Diann Payne

Form: OLWR-SWR-1A (04/08)

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.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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County: Washington
 Permit #: GW-45440
 Irrigation Equipment
 Driller: _____
 Date completed: 8-10-11
Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C121
 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>Dianne Payne</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>603 North Deer Creek Dr.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Leland</u> <u>Ms.</u> <u>38756</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 5 T. 19N R. 6W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Shaw</u> |

| Pump Type | Power Type |
|--|---|
| Circle one | Circle one |
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>15</u> |
| Date Pump Installed: <u>8-15-11</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>750±</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: _____ | Circle one |
| Static Water Level (A): _____ Feet Below Land Surface | Air Line Electric Measuring Line Steel Tape |
| Pumping Water Level (B): _____ Feet Below Land Surface | Other (specify): _____ |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: _____ Gallons Per Minute | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer