

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)

County: Washington
Permit #: GW-45596
Driller: J. NEWLONE 0.273
Date drilling completed: 6.23.2012

For Office Use Only:
Aquifer: D 248
Well #: _____
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CAPS</u>	Latitude: <u>33° 26' 13"</u> Longitude: <u>91° 00' 18"</u>
Mailing Address: <u>6750 Poplar Avenue</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Suite 710</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Memph.'s TN 38138</u>	<u>SW 1/4 NE 1/4 Sec 9, Twn 18N Rng 08W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>25</u> Miles <u>N.E.</u> of <u>G. VILLE</u>

Well / Borehole Data

Date drilling started: 6.23.12 Date drilling completed: 6.23.12 Hole depth: 107 Hole diameter: 16"

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

Method of dosing and volume of Chlorine used in drilling and development: CITRIZINE TABLETS

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

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 65 feet to 105 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

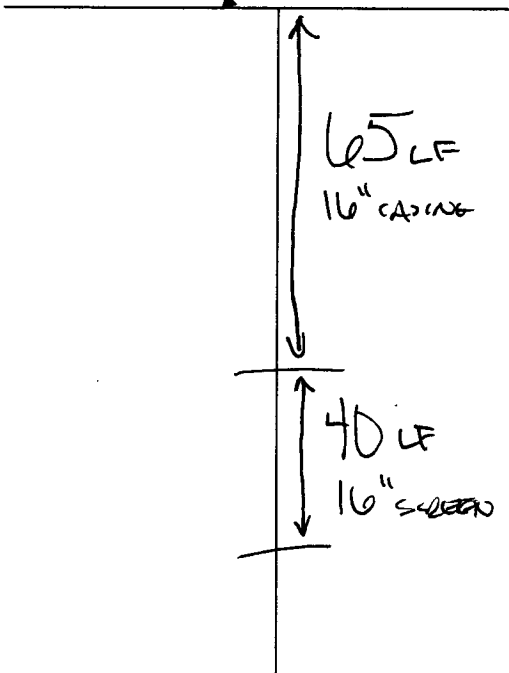
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

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BY OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
TOP SOIL	Ground Level	10
CLAY	10	40
FINE SAND / CLAY STRIPS	40	55
MEDIUM SAND	55	65
COARSE MED SAND	65	80
COARSE / PEBBLES	80	90
BOTTOM	90	105

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.

SEE MAP

Landowner Name: _____

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.

JOHN NEWCOMB 0.773 6.23.12 John Newcomb

Print Name of Responsible Licensee and License No. Date Signature of Licensee

D248

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 #: _____

Elevation: _____

County: WASHINGTON

Permit #: GW-45546

Driller: S. NEWLOME 0-773

Date completed: 6-23-2012

Copy information from block on Part 1

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: CAPS

Mailing Address: 6750 POPLAR AVE

SUITE 710

MEMPHIS TN 38138
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 33° 26' 13" Longitude: 91° 00' 18"

Method of Lat/Long (check one): Conventional Survey 47
23

USGS quad _____, Hand-held GPS X, Survey-grade GPS _____

SW ¼ NE ¼ Sec 09 T 18N R 08W

Distance Direction Nearest Town
2.5 Miles N.E of GREENVILLE

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 6/25/12

Rated Pump Capacity: 2400 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 60

Setting Depth: 70 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____ Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of

_____ feet after _____ hours of pumping

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.

Cony Rowe 0-711P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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AUG 22 2012

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