

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-46029
 Driller: J. NEWCOME 0.773
 Date drilling completed: 10.25.12

For Office Use Only:
 Aquifer: E 211
 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>Curved Acres LLC</u>	Latitude: <u>33° 22' 31"</u> Longitude: <u>90° 53' 32"</u>
Mailing Address: <u>113 Stovall Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Leland</u> MS <u>38756</u>	SW 1/4 SE 1/4 Sec <u>26</u> Twn <u>18N</u> Rng <u>07W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>LELAND</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 10.25.12 Date drilling completed: 10.25.12 Hole depth: 122 Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE 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: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 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 80 feet to 120 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

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)

County: Washington
 Permit #: GW-46029
 Driller: J. Newcome
 Date completed: 10-26-2012

For Office Use Only:

Aquifer: _____
 Well #: E211
 Elevation: _____

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>Curved Acres LLC</u>	Latitude: <u>33°22'31"</u> Longitude: <u>90°53'32"</u>
Mailing Address: <u>113 Stovall Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Leland MS 38756</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 26 Twn 18N Rng 07W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles S of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 hp</u>
Date Pump Installed: <u>10-26-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	<u>Not Tested</u>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B)-(A)]: <u>Not Tested</u> 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	

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

Hubbard Stephens 741P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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