

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-45194
 Driller: J. NEWCOME 0-773
 Date drilling completed: 3-20-2012

For Office Use Only:
 Aquifer: K162
 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>Davis, Davis and Davis</u> | Latitude: <u>33° 12' 09"</u> Longitude: <u>91° 01' 43"</u> |
| Mailing Address: <u>P.O. Box 64</u> | Method of Lat/Long (circle one): <u>03</u> Conventional Survey, |
| <u>Avon</u> MS <u>38723</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>27</u> Twn <u>16N</u> Rng <u>08W</u> |
| Telephone No. () _____ | Distance <u>1.5</u> Miles Direction <u>S.</u> of Nearest Town <u>AVON</u> |

Well / Borehole Data

Date drilling started: 3-20-2012 Date drilling completed: 3-20-12 Hole depth: 112 Hole diameter: 24"

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

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

Casing length: 70 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 70 feet to 110 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*

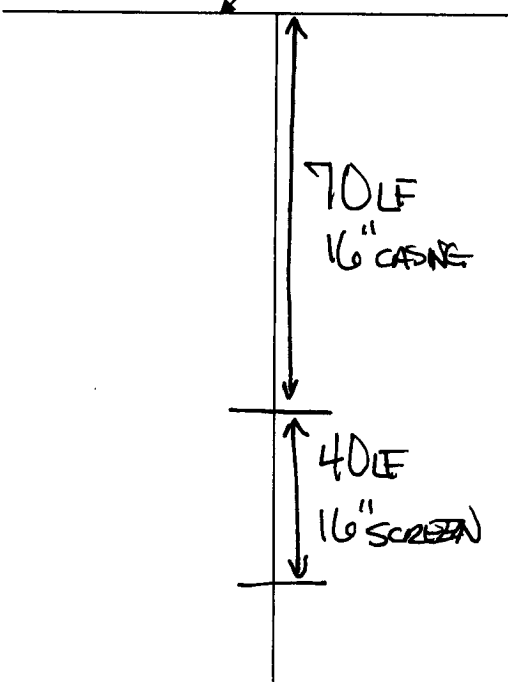
RECORDED
 FEB 20 2013
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

K162

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 | 15 |
| FINE SAND | 15 | 25 |
| MED. SAND | 25 | 30 |
| COARSE SAND | 30 | 73 |
| MED. | 73 | 75 |
| COARSE / PEBBLES | 75 | 110 |
| BOTTOM | 110 | 112 |
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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.

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 NEWCOME 0-773
 Print Name of Responsible Licensee and License No.

3-20-2012
 Date

[Signature]
 Signature of Licensee

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 #: 6W-4P5794
 Driller: J. Newcome 0-773
 Date completed: 3-21-2012

For Office Use Only:

Aquifer: _____
 Well #: K162
 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>Davis, Davis and Davis</u> | Latitude: <u>33-12-09</u> Longitude: <u>91-01-43</u> |
| Mailing Address: <u>P.O. Box 64</u> | Method of Survey: (circle one) Conventional Survey |
| <u>Avon</u> MS <u>38723</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 27 Twn 16N Rng 08W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>1.5</u> Miles <u>S</u> of <u>Avon</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>3-21-2012</u> | Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</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): <u>10</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above information is true to the best of my knowledge.

Hubbard Stephens 791P Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

FEB 20 2013

BY: _____