

GENE STOCK # 2

State Well Report

Part 1

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: 0133
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GN-43946
Driller: J. NEWCOME 0-773
Date drilling completed: 3-18-2011

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Gene Stock</u> | Latitude: <u>33.06.51</u> Longitude: <u>90.53.20</u> |
| Mailing Address: <u>1371 Murphy Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Hollandale MS 38748</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 26 Twn 15N Rng 7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>HOLLANDALE</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-18-2011 Date well drilling completed: 3-18-2011

If flowing, 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: _____

Hole depth: 122 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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MAR 21 2011
RM 10

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)

County: Washington
 Permit #: GW-43946
 Driller: J. Newcome 0-773
 Date completed: 3/18/2011
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Gene Stock</u> | Latitude: <u>33° 06' 51"</u> Longitude: <u>090° 53' 20"</u> |
| Mailing Address: <u>1371 Murphy Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ |
| <u>Hollandale, MS 38748</u> City State Zip Code | SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>26</u> T <u>15N</u> R <u>7W</u> |
| Telephone No. (____) _____ | Distance <u>3</u> Miles Direction <u>S</u> of Nearest Town <u>Hollandale</u> |

| Pump Type | Power Type |
|--|--|
| Circle one | Circle one |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>30</u> |
| Date Pump Installed: <u>3/20/11</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|--|
| Circle one | Circle one |
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): _____ 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 | |

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

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 MAR 31 2011
 BY: [Signature]

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

Comy Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer