

County: Washington
 Permit #: GW-44374
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-28-10

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 #: 5166
 L. S. Elevation: _____
 B-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>Edward Jenkins</u>	Latitude: <u>33-01-10.6</u> Longitude: <u>90-55-43.4</u>
Mailing Address: <u>P.O. Box 193</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Grace</u> <u>Ms.</u> <u>38745</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec. 33 Twn 14N Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Grace</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 6-28-10 Date drilling completed: 6-28-10 Hole depth: 117 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: 22 feet above of (below) (circle one) land surface Date measured: 6-29-10

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 77 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 78 feet to 117 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*

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

RECEIVED
 JUL 14 2010
 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) Ground Level	To (depth)
Clay		27
Fine Sand + Clay	28	38
Fine Sand	39	49
Fine Sand + Gravel	50	67
Medium Sand + Gravel	68	117

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: Edward Jenkins

Form: OLWR-SWR-1A (0408)

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

RECEIVED
JUL 14 2010
BY: OLWR

County: Washington
 Permit #: G-W-44374
 Irrigation Equipment
 Date completed: 6-28-10
 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 #: 5100
 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>Edward Jenkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 193</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Grace Ms. 38745</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>51W 1/4 21N 1/4 Sec. 33 T14N R 7W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>2 Miles NE of Grace</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Other (specify): _____	Hand <input checked="" type="checkbox"/>
Date Pump Installed: <u>6-29-10</u>	Windmill <input type="checkbox"/>
Rated Pump Capacity: <u>1150</u> Gallons Per Minute	Other (specify): _____
	Home Power Rating of Motor: <u>30</u>
	Setting Depth: <u>70</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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.
 Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED
 JUL 14 2010
 BY: OLWR