

#1 well

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: Wayne
 Permit #: _____
 Driller: Cain
 Date drilling completed: 4-28-2011

For Office Use Only:
 Aquifer: B-40
 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>Jerome Presley</u>	Latitude: <u>31° 47' 06"</u> Longitude: <u>89° 49' 44"</u>
Mailing Address: <u>852 Shabuta Evertha Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
<u>Shabuta</u> <u>MS</u> <u>39360</u>	USGS quad, <u>SE 1/4 E 1/4 Sec 32 Twn 10N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town <u>4 Miles East of Evertha MS</u>
Telephone No. <u>(601) 687 5125</u>	

Well / Borehole Data

Date drilling started: 4-27 Date drilling completed: 4-28 Hole depth: 143' Hole diameter: 4"

Location of the source of any surface water used for drilling: His Pond

Method of dosing and volume of Chlorine used in drilling and development: 2601 Dosech 1000ccal water

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: Chicken Farm

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 4-28-2011

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

Well depth: 143 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 123 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 123 feet to 143 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)

MS Water Well Drilling
MSL# 0-374 5/21/11

Nelson Cain

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B 40

#1 Well

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

Ground Level \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground Level	20
Sand	20	50
Clay	50	75
Rock	75	77
Sand	77	143

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.

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Landowner Name: Jerome Presley

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.

Ms Water well Drilling 5-21-11
Print Name of Responsible Licensee and License No. Date

Nelson Cain
Signature of Licensee

MSL# 0-374

#1 Well

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: Wayne

Permit #: _____

Driller: Cain

Date completed: 4-28-2011

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	Well Location
Owner Name: <u>Jerome Presley</u>	Latitude: <u>31° 47' 06"</u> Longitude: <u>86° 48' 44"</u>
Mailing Address: <u>852 Shabuta Everett Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Shabuta</u> <u>MS</u> <u>39360</u>	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>32</u> T <u>10</u> N R <u>8</u> W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>687-5125</u>	<u>4</u> Miles <u>East</u> of <u>Eucetta MS</u>

Pump Type	Power Type
Air Lift Circle one	Diesel Engine Gasoline Engine Natural Gas
Jet <input type="checkbox"/> <u>Submersible</u>	<u>Electric Motor</u> Hand Tractor PTO
Bucket Piston Turbine	Windmill Other (specify): _____
Centrifugal Rotary Flowing Well	Horse Power Rating of Motor: <u>5</u>
Other (specify): _____	Setting Depth: <u>140'</u> feet
Date Pump Installed: <u>4-28-2011</u>	Number of Stages: <u>13</u>
Rated Pump Capacity: <u>506 GPM</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>4-28-2011</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10'</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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.

MS Water Well Drilling Print Name of Pump Installer and License No. (if applicable)

Nelson Cain Signature of Pump Installer

MSL # 0-374

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

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