

Well #2

County: Wayne
 Permit #: _____
 Driller: Cain
 Date drilling completed: 5-12-2011

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: B41
 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' 08"</u> Longitude: <u>88° 49' 45"</u>
Mailing Address: <u>852 Shubuta</u> <u>Euettla Rd</u> <u>Shubuta MS 39360</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>5S 1/2E</u> 1/4 Sec <u>32</u> Twn <u>10N</u> Rng <u>8W</u>
Telephone No. <u>(601) 687 5125</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>East</u> of <u>Euettla MS</u>

Well / Borehole Data

Date drilling started: 5-9 Date drilling completed: 5-12 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: 2 gal. Bleach 1000 Gal 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 House

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: 5-12

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*

MS Water Well Drilling
 ML # 0-374

Nelson Cain RECEIVED

MAY 25 2011

BY: OLWR

Well #2

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: Wayne
 Permit #: _____
 Driller: Cain
 Date completed: 5-12-2011
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>Jerome Presley</u>	Latitude: <u>31° 47' 08"</u> Longitude: <u>88° 48' 45"</u>
Mailing Address: <u>852 Shyburn Rd</u> <u>Everett MS 39360</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>5</u> ¼ <u>E</u> ¼ Sec. <u>32</u> T <u>10N</u> R <u>8W</u>
Telephone No. <u>(601) 687-5125</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>East</u> of <u>Everett MS</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 checked="" 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>5</u>
Date Pump Installed: <u>5-12-2011</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-12-2011</u>	Circle one
Static Water Level (A): <u>80</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>90</u> Gallons Per Minute	Well yielded <u>90</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>10</u> feet after <u>4</u> hours of pumping

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

RECEIVED

MAY 25 2011

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

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

BY: OLWR

ML# 0-374