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County: Wayne
 Permit #: 0205
 Driller: GILBERT CARR
 Date drilling completed: 9-18-12
8-31-12

State Well Report
Part 1 - Driller's Log
 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: _____
 Well #: T98
 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 (Indicate if borehole is not for a water well) | Well or Borehole Location |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Owner Name: <u>Jame Mills MICHAEL KNIGHT</u> | Latitude: <u>31° 34' 768"</u> Longitude: <u>88° 35' 312"</u> |
| Mailing Address: <u>1260 Chicora River Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>46</u> <u>12</u> |
| <u>WAYNESBORO MS 39367</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 15 Twn 7N Rng 6W</u> |
| Telephone No. <u>(601) 410 0208</u> | Distance Direction Nearest Town <u>12</u> Miles <u>SOUTH</u> of <u>WAYNESBORO</u> |

Well / Borehole Data

Date drilling started: 8-27-12 Date drilling completed: 8-31-12 Hole depth: 173' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPELAND RD. BUCHATUMM

Method of drilling and volume of Chlorine used in drilling and development: 1202 HTH FL 3000 GAL WATER

Log logs (circle all applicable): Logging run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of log service (if any): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

If a filter is installed in 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: 68' feet above or below (circle one) land surface Date measured: 9-18-12

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

Well depth: 173' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Current Bentonite Mix

Casing length: 153' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.10 inches Setting depth: From 153 feet to 173 feet

Type of construction (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): SAND PACKED

Top of lap pipe or reduction in casing: _____ Sect. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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: Wayne
 Permit #: 0205
 Driller: GILBERT CARR
 Date completed: 9-18-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: T98
 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>Jame Mill & Michael Knight</u> | Latitude: <u>31.34.768</u> Longitude: <u>085.35.212</u> |
| Mailing Address: _____ _____ <u>Waynesboro MS 39367</u> City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>NW 1/4 NW 1/4 Sec 15 T 7N R 6W</u> Distance Direction Nearest Town <u>12 Miles SOUTH of Waynesboro</u> |
| Telephone No. <u>(601) 410 0208</u> | |

| Pump Type Circle one | Power Type Circle one |
|-------------------------------------------------------|-------------------------------------------|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 HP.</u> |
| Date Pump Installed: <u>9-18-12</u> | Setting Depth: <u>150'</u> feet |
| Rated Pump Capacity: <u>50</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------------|-----------------------------------------------------|
| Date Well Tested: <u>9-18-12</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>68</u> Feet <u>Below</u> Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>150'</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>82</u> Feet Below Land Surface | Well yielded <u>70</u> GPM with a drawdown of |
| Test Pumping Rate: <u>70</u> Gallons Per Minute | <u>4</u> feet after <u>6</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours | |

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

GILBERT CARR _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
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