

County: Wayne
 Permit #: 0205
 Driller: GILBERT CALL
 Date drilling completed: 11-6-12

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 #: T99
 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>ANNIE MITCHELL</u>			Latitude: <u>31.34.806</u> Longitude: <u>088.32.270</u>		
Mailing Address: <u>SHERRY LANE</u>			Method of Lat/Long (circle one): Conventional Survey, <u>47</u>		
<u>BUCKATUNNA MS 39332</u>			USGS quad: <u>NW 1/4 NE 1/4</u> Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>		
City	State	Zip Code	1/4 Sec <u>13</u> Twn <u>7N</u> Rng <u>6W</u>		
Telephone No. <u>(601) 410 8924</u>			Distance	Direction	Nearest Town
			<u>2</u> Miles	<u>NORTH</u>	<u>BUCKATUNNA</u>

Well / Borehole Data

Date drilling started: 11-6-12 Date drilling completed: 11-6-12 Hole depth: 90' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPLAND RD. BUCKATUNNA
 Method of dosing and volume of Chlorine used in drilling and development: 402 HTH PER 1000 GAL

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 _____
 Scientific Survey _____ Other (describe) _____

If drilling is not related to water well construction, strike 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: 32' feet above or below (circle one) land surface Date measured: 11-8-12

Method of Measurement (circle one): level type electric type air line other: _____

Well depth: 90' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC SLOT

Screen slot size: #10 inches Setting depth: From 80' feet to 90' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): SAND PACK

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

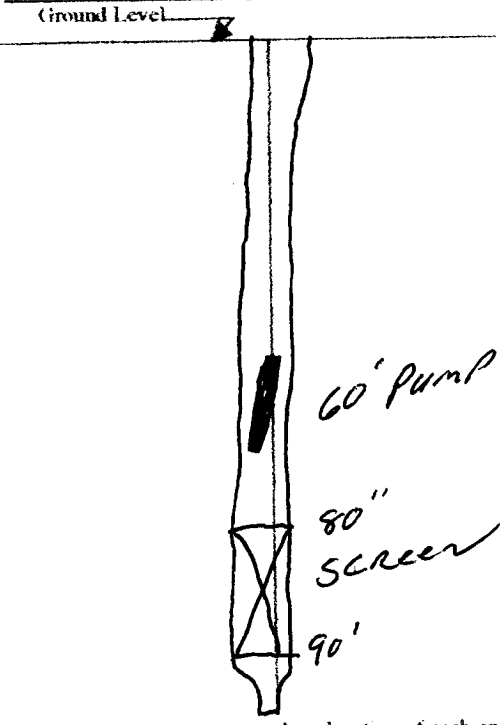
Form: OLWR-SWR-1A

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 BY: OLWR

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



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth) Ground Level	To (depth)
TOP SOIL	0	2
RED SAND	2	20
COURSE SAND	20	30
YELLOW SHALE P GRAVEL	30	32
CLAY	32	55
FINE SAND	55	66
MED SAND	66	80
MED/COR SAND	80	90

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.

45 S 8 miles TO WEST ROBINSON JUNCTION
 RT 1/4 mile LT on SHELLEY LN. 1/4 mile TRAILOR CUL

Landowner Name: ANNIE MITCHEAL

Form: OLWR-SWR-1A

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.

GILBERT CARR 0205 11-8-12 X Gilbert Carr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 CARL
 Date completed: 11-8-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: T99
 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>ANNIE MITCHEAL</u>	Latitude: <u>31-34-806</u> Longitude: <u>088-32-776</u>
Mailing Address: <u>SHERRY LANE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>BUCKATUNNA MS 39322</u>	<u>N 1/4 W 1/4 Sec 13 T 7N R 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 410 8924</u>	<u>2</u> Miles <u>NORTH BUCKATUNNA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11-8-12</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute <u>27</u>	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-8-12</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet <input checked="" type="radio"/> Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4.05</u> hours	

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

GILBERT CARL Print Name of Pump Installer and License No. (if applicable) X Gilbert Carl Signature of Pump Installer

Form: OLWR-SWR-1B
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