

MAR-23-08 07:53

FROM-LAND & WATER

801-354-6030

T-007 P.01 F-155

County: DeSoto
 Permit #: _____
 Driller: Frost Systems
 Date drilling completed: 3/25/08

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 #: J-23
 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)
 Owner Name: Freddie Hopkins
 Mailing Address: 331 South 4th
Oakland MS
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 Sec 14 Twp 35 Rng 2 E
 Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data
 Date drilling started: 3/25 Date drilling completed: 3/25 Hole depth: 70' Hole diameter: 4"
 Location of the source of any surface water used for drilling: None
 Method of dosing and volume of Chlorine used in drilling and development: None
 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: 2" feet above or below (circle one) land surface Date measured: 3/27/08
 Method of Measurement (circle one) steel tape electric tape air line other: PVC pipe
 Well depth: 70 Well grouted to a depth of 10' feet Type of grout (circle one): Near Cement Benonite Mix
 Casing length: 60 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0.13 inches Setting depth: From 60 feet to 70 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

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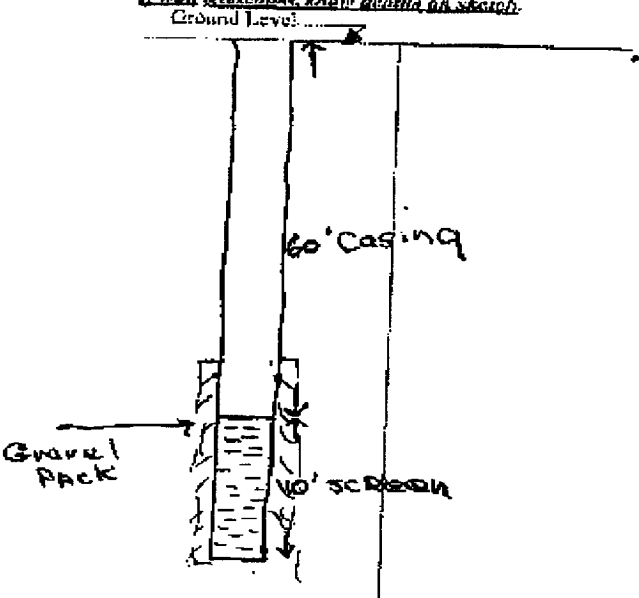
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801-354-8938

J-23
I-087 P 02 F-155

The sketch below only required for water wells

If well screens are shown detail on sketch:



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

Description of Formations Encountered must be provided for all wells and boreholes, unless specifically exempted by construction.

Description of Formations Encountered	From (depth)	To (depth)
Gravel		26
Rock	26	28
Lamb	28	70

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: _____

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.

Bernard Frost
Print Name of Responsible Licensee and License No.

Date

Bernard Frost
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)

For Office Use Only:

Aquifer:

Well #:

Elevation:

County: Harrison
 Permit #: _____
 Driller: Freddie Hopkins
 Date completed: 3/27/08
 Copy information from block on Part 1

Aquifer: _____
 Well #: J-23
 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>Freddie Hopkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>331 Howard Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oakland</u> <u>MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>14</u> T <u>35</u> R <u>2 E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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>3/4</u>
Date Pump Installed: <u>3/27/08</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/27/08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>2'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable): Freddie Hopkins Signature of Pump Installer: Freddie Hopkins

Form: OLWR-SWR-18

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