

County: FRANKLIN
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 2-25-09

Part I - 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)360-0525 (fax)

Aquifer: _____
 Well #: K-74
 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>MIKE DVORAK</u>		Latitude: <u>31 27 16</u>	Longitude: <u>90 44 38</u>
Mailing Address: <u>507 MAGNOLIA AVE</u>		Method of Lat/Long (circle one): Conventional Survey, _____	
<u>Slidell LA 70461</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		1/4 Sec <u>30</u> Twp <u>6N</u> Rng <u>5E</u>	
Telephone No: <u>985 847 9853</u>		Distance: <u>3</u> Miles	Direction: <u>WEST</u> of Nearest Town: <u>GRAND CORMIER</u>

Well / Borehole Data

Date drilling started: 2-24-09 Date drilling completed: 2-25-09 Hole depth: 261 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: well water

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon every 3000 ft

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): STATE JOHN MARBELL

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, file the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 142 feet above or below (circle one) land surface Date measured: 2-25-09

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

Well depth: 230 Well grouted to a depth of 10 feet Type of grout (circle one): New Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 08 inches Setting depth: From 210 feet to 230 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 not used or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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County: Franklin
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 2-25-09
 Case information from check on PA-1

Pump Installer's Certificate
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources

Aquifer: _____
 Well #: K-74
 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
 Owner Name: MIKE OVRNNAK
 Mailing Address: 507 MAGALIA LA
SLIDELL LA 70461
 City State Zip Code
 Telephone No. 985 947 9953

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 30 T. 6N R. 5E
 Distance _____ Direction _____ Nearest Town: 3 miles WEST of GRONAY CACHER

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 2-25-09
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Onoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 1 HP
 Setting Depth: 180 feet
 Number of Stages: 13

Pump Test Data
 Date Well Tested: 2-25-09
 Static Water Level (A): 142 Feet Below Land Surface
 Pumping Water Level (B): 142 Feet Below Land Surface
 Drawdown (B) - (A): 0 Feet Below Land Surface
 Test Pumping Rate: 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one
 Air Line _____ Electric Measuring Line _____ Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 12 GPM with a drawdown of
0 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: DLWR-SWR-18

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