

County: DeKalb
 Permit #: 0-780
 Driller: W. Gael Pierce
 Date drilling completed: 1-28-08

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 #: B-85
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Amber Mason</u>	Latitude: <u>88° 38' 24"</u> Longitude: <u>30° 58' 27"</u>
Mailing Address: <u>Sumford Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Lucedale, MS 39450</u>	USGS quad: <u>15</u> <u>17</u>
City State Zip Code	NE 1/4 SE 1/4 Sec <u>13</u> Twn <u>15</u> Rng <u>7W</u>
Telephone No. <u>(601) 508-2018</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>Lucedale, MS</u>

Well / Borehole Data

Date drilling started: 1-28-08 Date drilling completed: 1-28-08 Hole depth: 70 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer, MS

Method of dosing and volume of Chlorine used in drilling and development: 1/2 gal chlorox 2000 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 _____

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: 3 feet above or below (circle one) land surface Date measured: 1-28-08

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 70 feet

10 screen 60 casing

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*

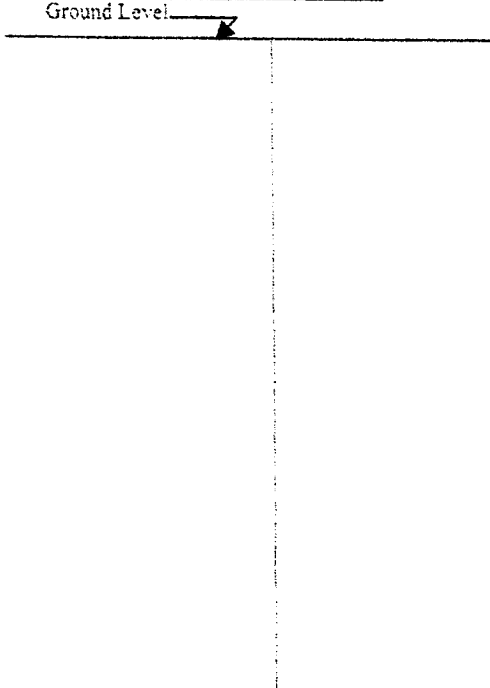
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B-85

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.

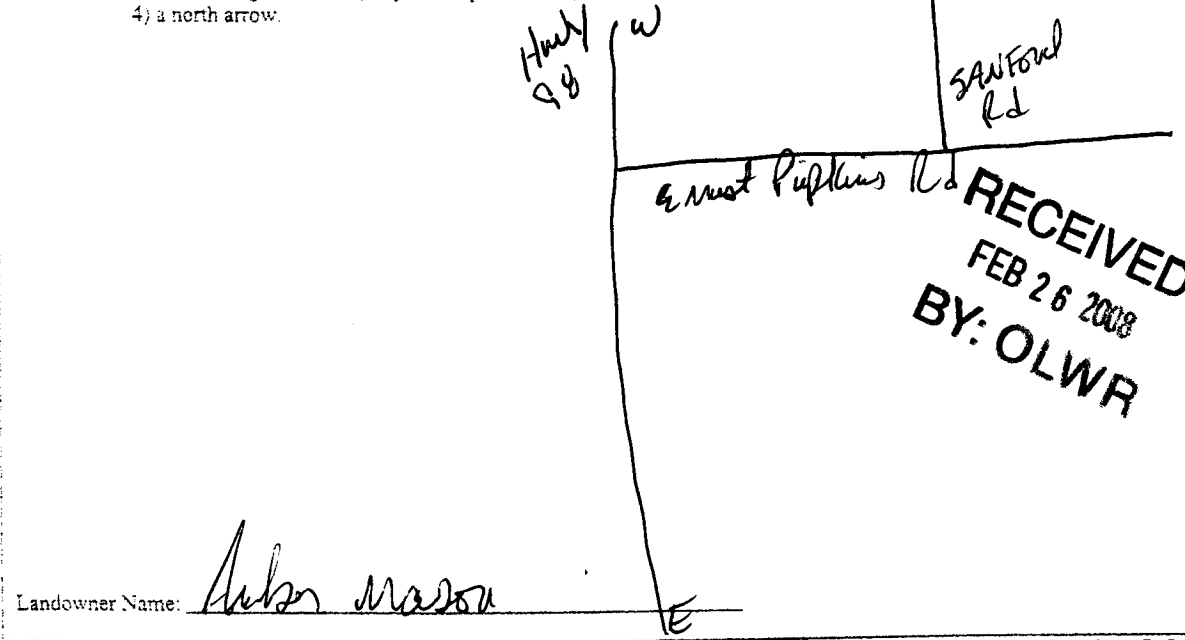
If well telescopes, show depths on sketch.



Description of Formations Encountered	From depth	To depth
	Ground Level	
White sand	0	10
yellow clay	10	20
red sand	20	70

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

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.



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.

Print Name of Responsible Licensee and License No. Chad Pierce 0-780
 Date 1-28-08
 Signature of Licensee [Signature]

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: Dezard
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 1-28-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-85
 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>Amber Mason</u>	Latitude: <u>88-38-249</u> Longitude: <u>30-58-279</u>
Mailing Address: <u>Sanford Dine</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cumada, ms</u> <u>39457</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>13</u> T <u>15</u> R <u>7W</u>
Telephone No. <u>(601) 508-2018</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Cumada, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1-28-08</u>	Setting Depth: <u>40 ft</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-28-08</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Pierce 0-780
 Print Name of Pump Installer and License No. (if applicable)

Joel P.
 Signature of Pump Installer