

**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)

County: George
Permit #: _____
Driller: Michael S. Harcoid
Date drilling completed: 2-17-09

For Office Use Only:

Aquifer: _____
Well #: C-162
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>Courtney Farms</u> | Latitude: <u>30° 58' 33"</u> Longitude: <u>88° 32' 76"</u> |
| Mailing Address: <u>810 Bicarsville Blvd</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>96</u> |
| <u>Ocean Springs MS 39564</u> | USGS quad, Hand-held GPS , Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SW 1/4 Sec 12 Twn T15 Rng R6d</u> |
| Telephone No. <u>(228) 872-6550</u> | Distance <u>4</u> Miles Direction <u>N</u> of Nearest Town <u>Lucedale</u> |

Well / Borehole Data

Date drilling started: 2-17-09 Date drilling completed: 2-17-09 Hole depth: 95 Hole diameter: 7.5

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

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: 42 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 95 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PUC 540 BSE

Screen length: 20 feet Screen diameter: 4 inches Type of screen: WOP 540 PUC

Screen slot size: .010 inches Setting depth: From 75 feet to 95 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*

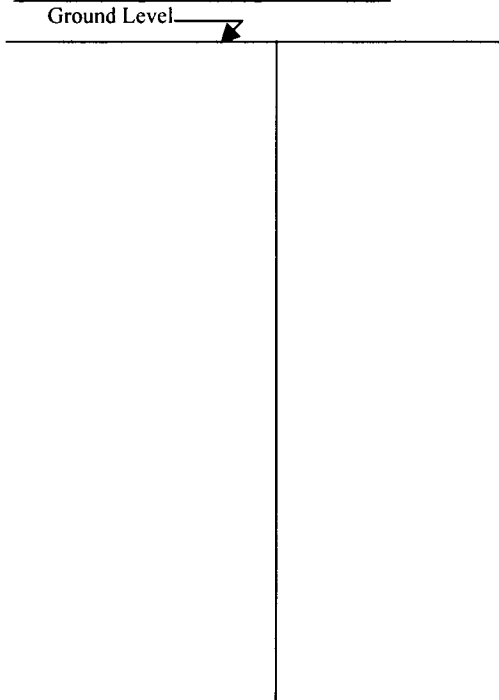
Form: OLWR-SWR-1A

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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

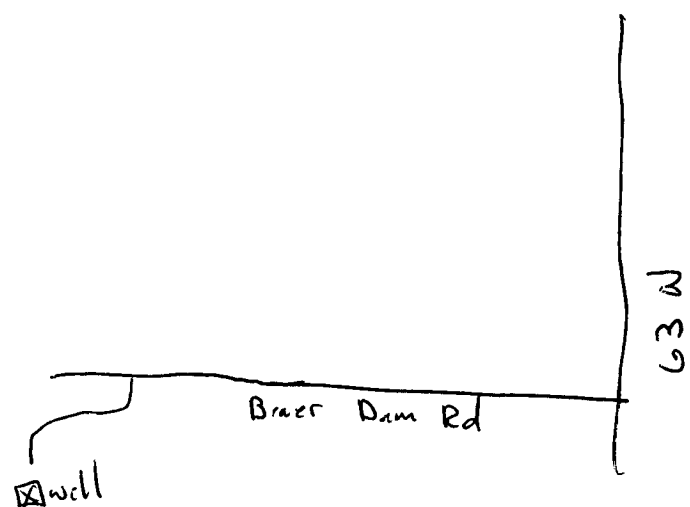
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top-Sand | Ground Level | 18 |
| Sand | 18 | 26 |
| Clay | 26 | 42 |
| Sand (fine med) | 42 | 65 |
| Sand (med) | 65 | 95 |
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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.



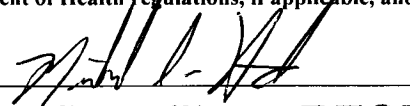
Landowner Name: Courtney Farms

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.

Print Name of Responsible Licensee and License No. Michael, Howard 0-673

Date 3-5-09

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: George
 Permit #: _____
 Driller: Michael S. Harvard
 Date completed: 2-18-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-162
 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>Courtney Farms</u> | Latitude: <u>N30°58.33</u> Longitude: <u>W88°32.76</u> |
| Mailing Address: <u>810 Bianville Blvd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Ocean Springs MS 39564</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>12</u> T <u>T15</u> R <u>R6W</u> |
| Telephone No. <u>(228) 872-6550</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>N</u> of <u>Lucedale</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="checkbox"/> <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</u> |
| Date Pump Installed: <u>2-18-09</u> | Setting Depth: <u>86</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: <u>15</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>42</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>65</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface | Well yielded <u>90</u> GPM with a drawdown of |
| Test Pumping Rate: <u>90</u> Gallons Per Minute | <u>23</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

Michael S. Harvard Signature of Pump Installer
 Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B

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