

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date drilling completed: 5-21-09

**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 #: D143  
 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.*

|  |  |
|--|--|
| <p><b>Information on Well Owner</b><br/> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Rocky Creek Nursery</u><br/>       Mailing Address: <u>229 Crenshaw Road</u><br/> <u>Lucedale MS 39452</u><br/>       City State Zip Code<br/>       Telephone No. (<u>601</u>) <u>947-3635</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 58' 51" N</u> Longitude: <u>88° 31' 54" W</u><br/>       Method of Lat/Long (circle one): Conventional Survey,<br/>       USGS quad, Hand-held GPS, Survey-grade GPS<br/> <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>7</u> Twn <u>T15</u> Rng <u>R5W</u><br/>       Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Lucedale</u></p> |
|--|--|

**Well / Borehole Data**

Date drilling started: 5-21-09 Date drilling completed: 5-21-09 Hole depth: 159 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: 112' feet above or below (circle one) land surface Date measured: 5-22-09

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

Well depth: 159 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 139 feet Casing diameter: 4 inches Type of casing: PVC 540 BE

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

Screen slot size: .010 inches Setting depth: From 139 feet to 159 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*

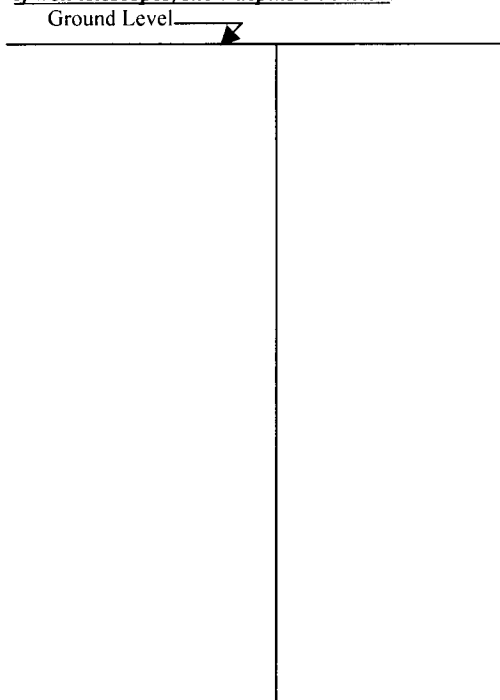
Form: OLWR-SWR-1A

RECEIVED  
 JUL 13 2009  
 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.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top-Sand                              | Ground Level | 8          |
| Sand                                  | 8            | 18         |
| Clay                                  | 18           | 27         |
| Sand, s. ll, Clay                     | 27           | 68         |
| Sand                                  | 68           | 112        |
| Clay                                  | 112          | 135        |
| Sand (med)                            | 135          | 138        |
|                                       | 138          | 140        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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: Rocky Creek Nursery

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.

Michael S. Howard 0-673 6-03-09  
 Print Name of Responsible Licensee and License No.      Date

Signature of Licensee

**RECEIVED**  
**JUL 13 2009**  
**BY: OLWR**

# 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. Howard  
 Date completed: 5-21-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D143  
 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>Rocky Creek Nurseries</u>  | Latitude: <u>30° 58' 51"</u> Longitude: <u>88° 31' 51"</u>   |
| Mailing Address: <u>229 Crenshaw Road</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>31</u>                         |
| <u>Lucedale</u> MS <u>39452</u>           | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/> |
| City State Zip Code                       | <u>NE 1/4 SW 1/4 Sec 7 T 11 S R 15 W</u>   |
| Telephone No. <u>(601) 947-3635</u>       | Distance Direction Nearest Town<br><u>3</u> Miles <u>N</u> of <u>Lucedale</u>                                  |

| Pump Type<br>Circle one                                  | Power Type<br>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: _____        |
| Date Pump Installed: <u>5-22-09</u>                      | Setting Depth: <u>145</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<br>Circle one                               |
|---|---|
| Date Well Tested: <u>5-22-09</u>                            | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>112</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>135</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>80</u> GPM with a drawdown of                               |
| Test Pumping Rate: <u>80</u> Gallons Per Minute             | <u>23</u> feet after <u>4.5</u> hours of pumping                            |
| Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours   |   |

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

Michael S. Howard 0-673 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED  
 JUL 13 2009  
 BY: OLWR