

County: Dezard
 Permit #: 0-780
 Driller: Joel Pieu
 Date drilling completed: 2-25-10

State Well Report
 Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: E 133
 Well #: _____
 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>Julia Ford</u>	Latitude: <u>30° 51' 729</u> Longitude: <u>88° 48' 530</u>
Mailing Address: <u>110 Patton Wash Rd</u>	Method of Lat Long (circle one): Conventional Survey
<u>Bennadah ms 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> <u>NE</u> <u>SE</u> <u>SW</u> 1/4 Sec <u>20</u> Twn <u>35</u> Rng <u>8W</u>
Telephone No. <u>601 408-7358</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</u> of <u>Bennadah, ms</u>

Well / Borehole Data

Date drilling started: 2-25-10 Date drilling completed: 2-25-10 Hole depth: 90 FT Hole diameter: 2

Location of the source of any surface water used for drilling: Azula, ms
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4gal chlorine

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: 3 feet above or below (circle one) land surface Date measured: 2-25-10

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 90 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 (04/08)
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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: E133
Well #: _____
Elevation: _____

County: George
Permit #: 0-780
Driller: Joel Pier
Date completed: 2-25-10

Copy information from block on Part 1

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: Julia Ford
Mailing Address: 110 Baton Rouge Rd
Brenndale MS 39452
City State Zip Code
Telephone No. (601) 408 7358

Well Location

Latitude: 30-51-729 Longitude: 88-48-530
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW NE Sec 20 T 35 R 8W
Distance Direction Nearest Town
1 Miles SW of Brenndale, MS

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 2-25-10
Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1/2 HP
Setting Depth: 60 Jet level feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 2-25-10
Static Water Level (A): 3 Feet Below Land Surface
Pumping Water Level (B): 60 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface
Test Pumping Rate: 10 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 48 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 10 GPM with a drawdown of
2 feet after 48 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Pier 0-780 Joel Pier
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

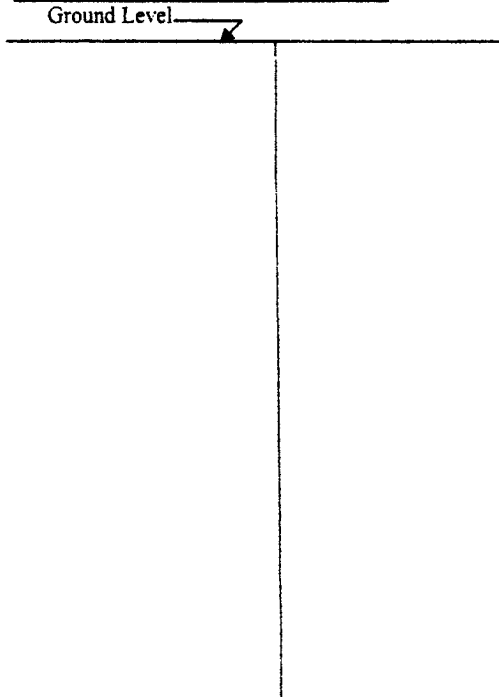
Form: OLWR-SWR-1B (02/10)

2010
BY: OLWR

E133

The sketch below only required for water wells

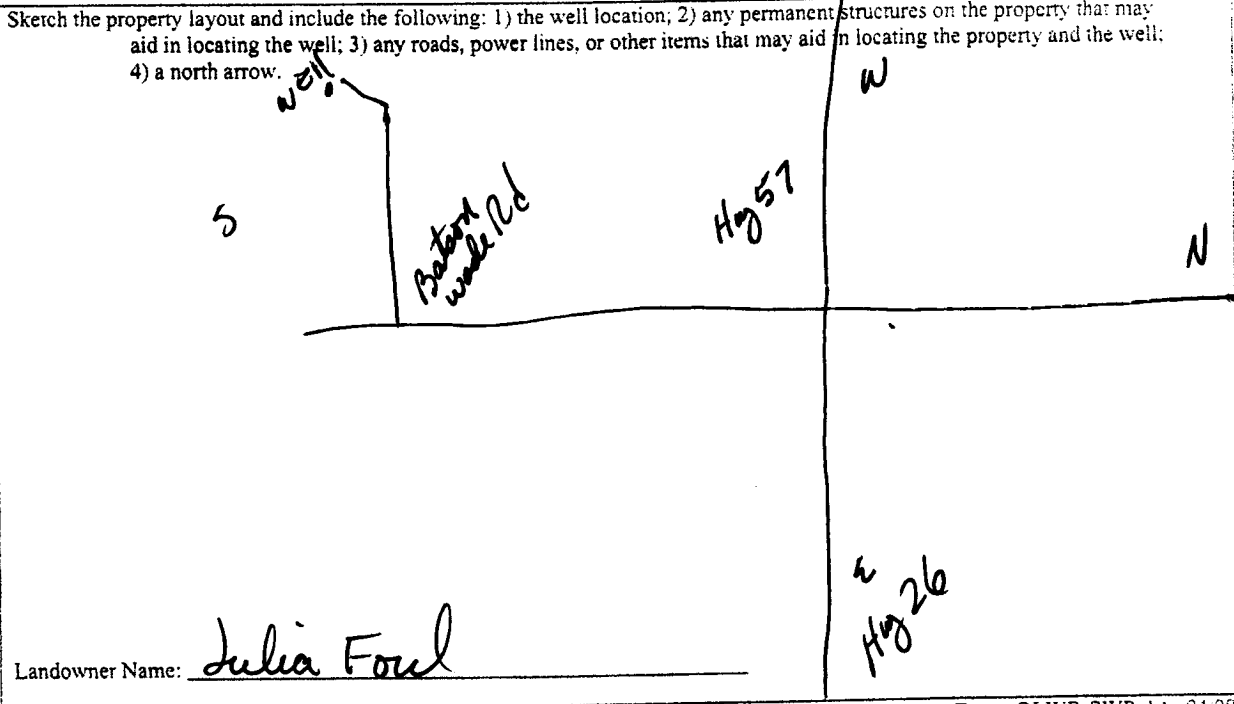
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sand	0	15
yellow clay	15	25
white sand	25	90

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



Form: OLWR-SWR-1A (04-08)

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.

Joel P 0-780 2-25-10
 Print Name of Responsible Licensee and License No. Date

Joel P **RECEIVED**
 Signature of Licensee

FEB 25 2010

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