

County: George
 Permit #: 0-780
 Driller: Joel Picard
 Date drilling completed: 2-10-10

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 139
 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>Gregory Smith</u>	Latitude: <u>30° 50' 082"</u> Longitude: <u>88° 47' 401"</u>
Mailing Address: <u>105 Wilcox Smith Rd</u>	Method of Lat Long (circle one): Conventional Survey <u>24</u>
<u>Lucedale MS 39452</u>	USGS quad: Hand-held GPS. Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>33</u> Twn <u>35</u> Rng <u>BW</u>
Telephone No. <u>601, 945-2133</u>	Distance: <u>3</u> Miles Direction: <u>Southw</u> of Nearest Town: <u>Bennettsville, MS</u>

Well / Borehole Data

Date drilling started: 2-10-10 Date drilling completed: 2-10-10 Hole depth: 235 Hole diameter: 2

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

Method of dosing and volume of Chlorine used in drilling and development: 1 gal chlorine 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 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: 2-10-10

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

Well depth: 235 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

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

Screen slot size: 10 inches Setting depth: From 0 feet to 235 FT 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: E 134
Well #: _____
Elevation: _____

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

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: Gregory Smith
Mailing Address: 105 Wiley Smith Rd
Lumbah MS 39452
City State Zip Code
Telephone No. (601) 945-2133

Well Location

Latitude: 30 50 082 Longitude: 88-47-401
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 33 T 35 R 8W
Distance Direction Nearest Town
3 Miles SW of Benedale, MS

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 2-10-10
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 hp
Setting Depth: 60 Jet line feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 2-10-10
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 Pene 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pene
Signature of Pump Installer


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BY: OLW

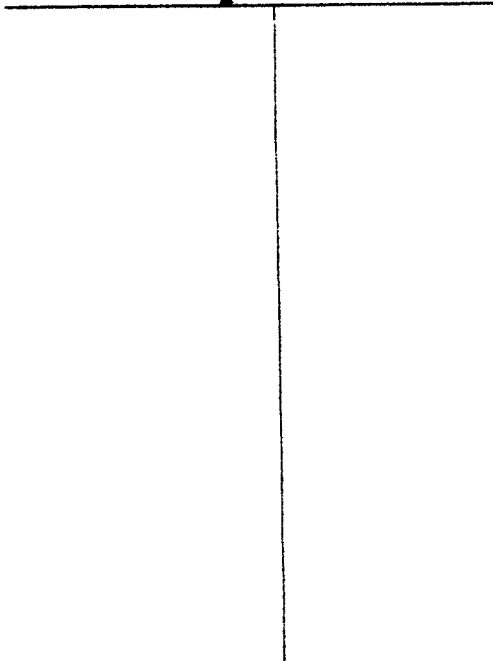
Form: OLWR-SWR-1B (04/08)

E134

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 

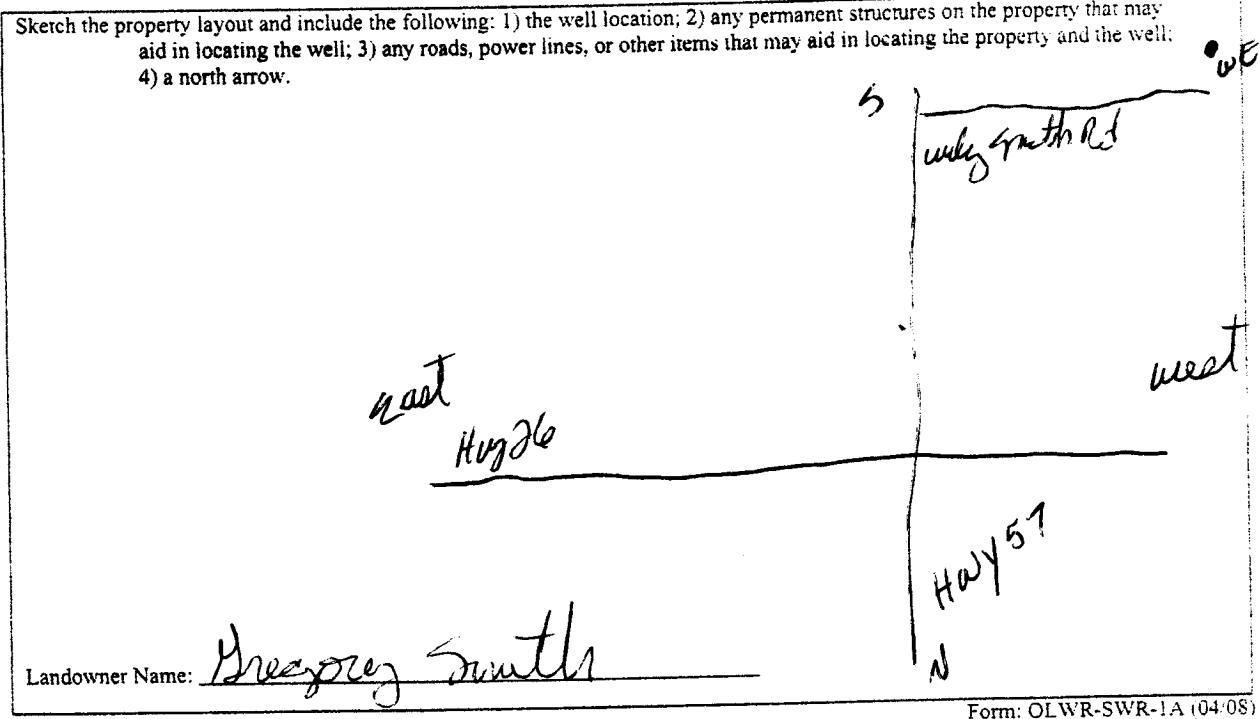


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
white sand	0	20
green clay	20	180
grey sand	180	235

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.



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 Plevin 0-780 2-10-10
Print Name of Responsible Licensee and License No. Date

Joel Plevin RECEIVED
Signature of Licensee MAR 08 2010

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