

County: George
 Permit #: _____
 Driller: Michael S. Howard
 Date drilling completed: 10-10-08

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 #: F-154
 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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Brad Emerson</u> Mailing Address: <u>159 Glenn Ridge Road</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>(228) 934-7357</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30° 46' 46" 46</u> Longitude: <u>88° 39' 45"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>hand-held GPS</u>, Survey-grade GPS <u>1/4</u> Sec <u>14</u> Twn <u>T25</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>1.5</u> Miles <u>S</u> of <u>Basin</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>10-10-08</u> Date drilling completed: <u>10-10-08</u> Hole depth: <u>68</u> Hole diameter: <u>4.25</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___ Seismic Survey ___ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: _____ If a flowing well, method of flow regulation: Valve ___ Other (describe) _____ Static Water Level: <u>21</u> feet above or below (circle one) land surface Date measured: <u>10-10-08</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>68</u> Well grouted to a depth of <u>12</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u> Casing length: <u>63</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC 540 BE</u> Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC 540 WOP</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>63</u> feet to <u>68</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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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. Havard
 Date completed: 10-10-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-154
 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>Brad Emerson</u>	Latitude: <u>N30°46.77</u> Longitude: <u>W88°39.45</u>
Mailing Address: <u>159 Glenn Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> MS <u>39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>14</u> T <u>2S</u> R <u>7W</u>
Telephone No. <u>(228) 934-7357</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>S</u> of <u>Basin</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <u>Piston</u> Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>10-10-08</u>	Setting Depth: <u>35</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-10-08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</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>14</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. Havard 0-673 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form **OLWR-SWR-16**
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