

County: DeWitt
 Permit #: 0-780
 Driller: W. Goel (Pierce)
 Date drilling completed: 10-31-07

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 #: J-73
 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.

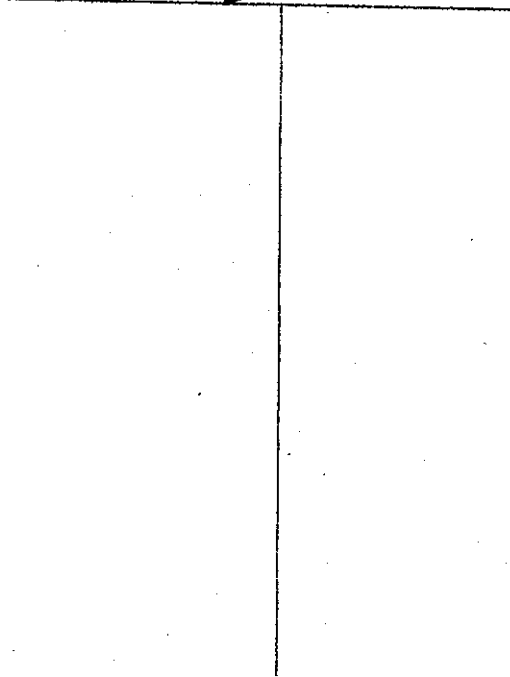
Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Keith Berry</u>	Latitude: <u>88° 43' 76"</u> Longitude: <u>30° 44' 30"</u>
Mailing Address: <u>125 Berry Road</u> <u>Thruway Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Camden, MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>31</u> Twn <u>35</u> Rng <u>W8</u>
Telephone No. (<u>601</u>) <u>945-2311</u>	Distance _____ Miles Direction: <u>South</u> of Nearest Town: <u>Camden, MS</u>
Well / Borehole Data	
Date drilling started: <u>10-31-07</u> Date drilling completed: <u>10-31-07</u> Hole depth: <u>45</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Aquifer, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4 gal chlorine 2000 water</u>	
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>	
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>2</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-31-07</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>45</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>40</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Plastic</u>	
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 80 11</u>	
Screen slot size: <u>6</u> inches Setting depth: From <u>0</u> feet to <u>45</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>	

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

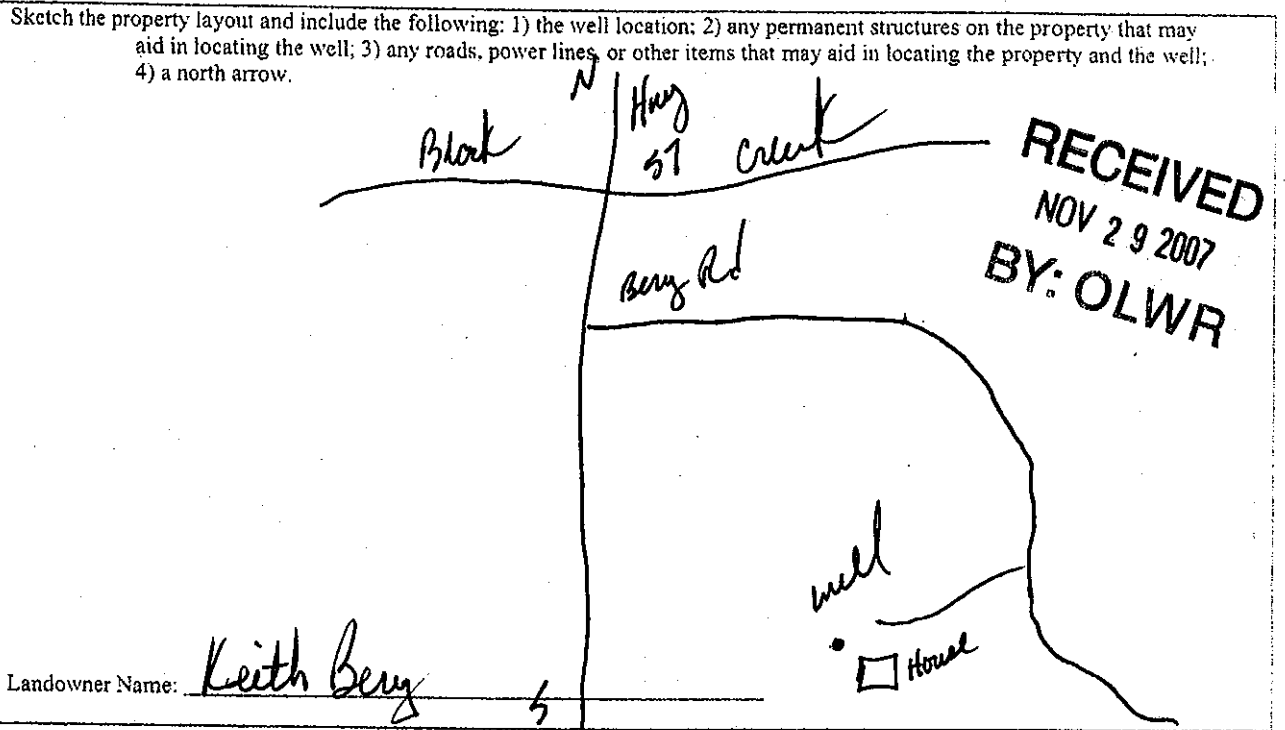
Ground Level



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	
Gravel rock + white sand	0	45

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



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.

Joel P. Cain 0-780 10-31-07 Joel P. Cain

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: DeWitt
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 10-31-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-73
 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

Owner Name: Keith Berg
 Mailing Address: 125 Berg Rd
Hawens Rd
Candah, MS 39452
 City State Zip Code
 Telephone No. (601) 945-2311

Well Location

Latitude: 88-43-206 Longitude: 30-44-507
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW 1/4 SE 1/4 Sec 31 T35 R8W
 Distance Direction Nearest Town
8 Miles South of Candah, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-31-07
 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: 25 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 10-31-07
 Static Water Level (A): 2 Feet Below Land Surface
 Pumping Water Level (B): 25 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 Pierce 0-780 Joel Pierce
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer