

State Well Report

Part 1

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 #: 4-123
 L. S. Elevation: _____
 E-log #: _____

County: George 039
 Permit #: _____
 Driller: Michael S. Havard
02-18-05
 Date drilling completed: 02-18-05

Havard Drilling Company

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Jennifer Davison</u> | Latitude: <u>30° 48' 46.2"</u> Longitude: <u>88° 36' 26.7"</u> |
| Mailing Address: <u>161 Blackberry Lane</u> | Method of Lat/Long (circle one): <u>58</u> Conventional Survey, _____ |
| <u>Lucedale MS 39452</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City State Zip Code | <u>SE 1/4 NE 1/4</u> Sec <u>5</u> Twn <u>T3S</u> Rng <u>R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>Lucedale</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-18-05 Date well drilling completed: 02-18-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 02-21-05

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

Hole depth: 69 Well depth: 69 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 59 feet Casing diameter: 2 inches Type of casing: 540 PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 59 feet to 69 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael S. Havard 0-673
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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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: 02-18-05

For Office Use Only:

Aquifer: _____
 Well #: L-123
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Jennifer Davison</u> | Latitude: <u>30°48.962</u> Longitude: <u>88°36.209</u> |
| Mailing Address: <u>161 Blackberry Lane</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad. <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Lucedale</u> MS <u>39452</u> | <u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>T3S</u> Rng <u>R6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>5</u> Miles <u>S</u> of <u>Lucedale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input checked="" type="radio"/> <u>Jet</u> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>02-21-05</u> | Setting Depth: <u>55</u> feet |
| Rated Pump Capacity: <u>8</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>02-21-05</u> | <input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>21</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>30</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface | Well yielded <u>8</u> GPM with a drawdown of |
| Test Pumping Rate: <u>8</u> Gallons Per Minute | <u>9</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

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