

County: Deane
 Permit #: 0-789
 Driller: Joel K.
 Date drilling completed: 8-30-08

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: _____
 Well #: P-85
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Mark Miller</u> Mailing Address: <u>200 River Landing Rd</u> <u>Leak</u> <u>MS</u> <u>39652</u> City State Zip Code Telephone No. <u>(228) 990-4811</u></p> | <p>Well Borehole Location</p> <p>Latitude: <u>88° 32' 49.0"</u> Longitude: <u>31° 07' 05.2"</u> Method of Lat-Long (circle one): <u>Hand-held GPS</u> Conventional Survey USGS quad: <u>NE 1/4 NE 1/4 Sec 35 Twn 2N Rng 6W</u> Distance <u>6</u> Miles <u>West</u> of <u>Leak, MS</u></p> |
|--|---|

Well / Borehole Data

Date drilling started: 8-30-08 Date drilling completed: 8-30-08 Hole depth: 90 Hole diameter: 2

Location of the source of any surface water used for drilling: Acadia, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water splash

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: 8-30-08

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 80

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)

County: Breest
 Permit #: 0-784
 Driller: Joel P.
 Date completed: 8-30-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-85
 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>Mark Miller</u> | Latitude: <u>88-32 990</u> Longitude: <u>31 07 052</u> |
| Mailing Address: <u>200 River Court Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Leaksville</u> <u>MS</u> <u>39562</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 34 T 2N R 6W</u> |
| Telephone No. <u>(228) 990-4811</u> | Distance Direction Nearest Town |
| | <u>6</u> Miles <u>west</u> of <u>Leaksville, MS</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>8-30-08</u> | Setting Depth: <u>60 ft</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>8-30-08</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>3</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>2</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>2</u> feet after <u>48</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>48</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel P. 0-784 Joel P.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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BY: OLWR