

County Hancock
 Permit # _____
 Driller Elmer
 Date drilling completed 3-10-08

Well Driller Report and Well 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 # K-757
 U.S. Elevation _____
 Log # _____

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
 Owner Name Habitat for Humanity
 Mailing Address _____
414 Highway 90
Bay St Louis MS 39520
 City State Zip Code
 Telephone No. (228) 467 9699

Well Location
 Latitude: 30° 17' 07" N Longitude: 89° 26' 39.5" W
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
 USGS quad: NW 1/4 NW 1/4 Sec 6 Survey grade GPS
 Twn 9S Rng 14W
 Distance _____ Miles Direction _____ Nearest Town _____
6205 wet forest

Well Data
 Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other
 Date well drilling started: 3-10-08 Date well drilling completed: 3-10-08
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level 15 feet above or below (circle one) land surface Date measured 3-10-08
 Method of Measurement (circle one): steel tape electric tape air line other _____
 Hole depth 115 Well depth: 110 Well grouted to a depth of 20 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length 100 feet Casing diameter: 4 inches Type of casing: Sch 40
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40
 Screen slot size .01 inches Setting depth: From 100 feet to 110 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.

David A. P. Smith 0-793
 Print Name of Water Well Contractor and License No.
 Signature of Water Well Contractor _____
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 MAR 25 2008
 BY: OLWR

If well telescopes please sketch below and show depths

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)

For Office Use Only:

Aquifer _____
Well # K-757
Elevation _____

County Hancock
Permit # _____
Drafter Elmer
Date completed 3-10-08

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information

Owner Name Habitat for Humanity
Mailing Address 414 highway 90°
Key St Louis MS 39520
Telephone No () _____

Well Location

Latitude 30° 17.607N Longitude 089° 26.395W
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
USGS quad, _____
Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify) _____
Date Pump Installed: 3-10-08
Rated Pump Capacity: 20 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: 7
Setting Depth: 80 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 3-10-08
Static Water Level (A): 15 Feet Below Land Surface
Pumping Water Level (B): 25 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface
Test Pumping Rate: 20 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tap
Other (specify): _____
For flowing well, measured shut in head _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable) 0-793 Signature of Pump Installer _____

RECEIVED
MAR 25 2008
BY: OLWR