

County: Hancock
 Permit #: _____
 Driller: Garry Lentz
 Date drilling completed: 6-24-08

**State Well Report
 Part I - 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 #: K912
 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 <i>(Landowner of borehole is not for a water well)</i></p> <p>Owner Name: <u>Oscola Southern Homes</u> Mailing Address: <u>3152 15th St.</u> <u>Bay St Louis MS 39520</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 19' 48"</u> Longitude: <u>89° 23' 38"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 28 Twn 85 Rng 14W</u> Distance Direction Nearest town <u>3</u> Miles <u>N</u> of <u>Wareland</u></p>
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Well / Borehole Data

Date drilling started: 6-24-08 Date drilling completed: 6-24-08 Hole depth: 140 Hole diameter: 5

Location of the source of any surface water used for drilling: Wareland City Water
 Method of dosing and volume of Chlorine used in drilling and development: _____

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 N/A Other (describe) _____

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 6-21-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 136 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 116 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: 6 inches Setting depth: From 116 feet to 136 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

3152 15th St

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: Hancock
 Permit #: _____
 Driller: Garry Lutz
 Date completed: 6-24-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K912
 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>OSCEOLA Southern Homes</u>	Latitude: <u>30°19' 41P</u> Longitude: <u>089°23' 63W</u>
Mailing Address: <u>3152 15th St.</u>	Method of Lat/Long (check one): Conventional Survey _____ <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
<u>Bay St. Louis MS.</u>	USGS quad _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 28 T 55 R 14W</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>SHALLOW WELL PUMPS (X2)</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-11-08</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-11-08</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>12</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>18</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

0-754 P KENNY PETERSON Kenny Peterson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
RECEIVED
 JUL 29 2008
 BY: OLWR

~~3152 15th St~~