

SUB-CONTRACT "REBEL PUMP"

County: MORRISON  
Permit #: \_\_\_\_\_  
Driller: SCHULTZ 470  
Date drilling completed: 6-1-08

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 #: E-182  
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  
(Landowner if borehole is not for a water well)  
Owner Name: J. CARTER  
Mailing Address: 17215  
NORTH COEVAS RD  
LIZAMA MS 39565  
City State Zip Code  
Telephone No. ( ) N/A

Well or Borehole Location  
Latitude: 30.32.27 Longitude: 89.15.08  
Method of Lat/Long (circle one): CA Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 SE 1/4 Sec 12 Twn 65 Rng 13W  
Distance Direction Nearest Town  
5 Miles N of Long Beach

Well / Borehole Data  
Date drilling started: 6/1/08 Date drilling completed: 6/1/08 Hole depth: 620 Hole diameter: 5"  
Location of the source of any surface water used for drilling: N/A  
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 \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 6/1/08  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 620 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 600 feet Casing diameter: 3 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 2" inches Type of screen: MUC  
Screen slot size: 006 inches Setting depth: From 600 feet to 620 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*

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JUL 18 2008  
Form: OLWR-SWR-1A

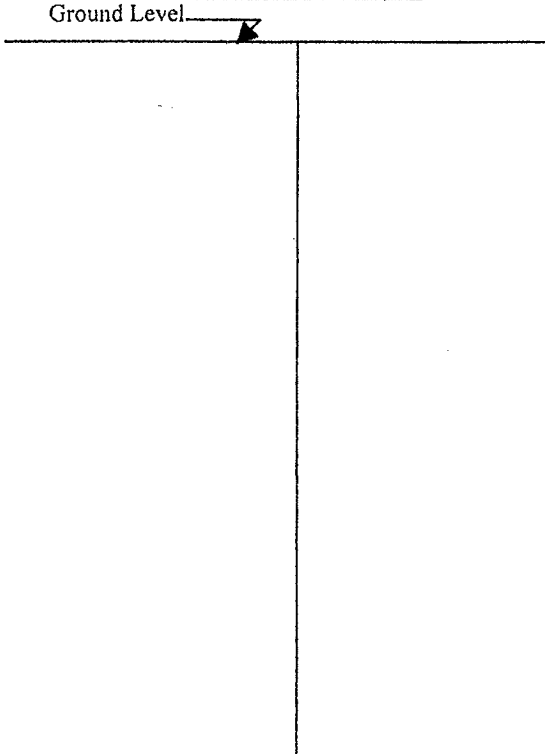
BY: OLWR

E-182

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

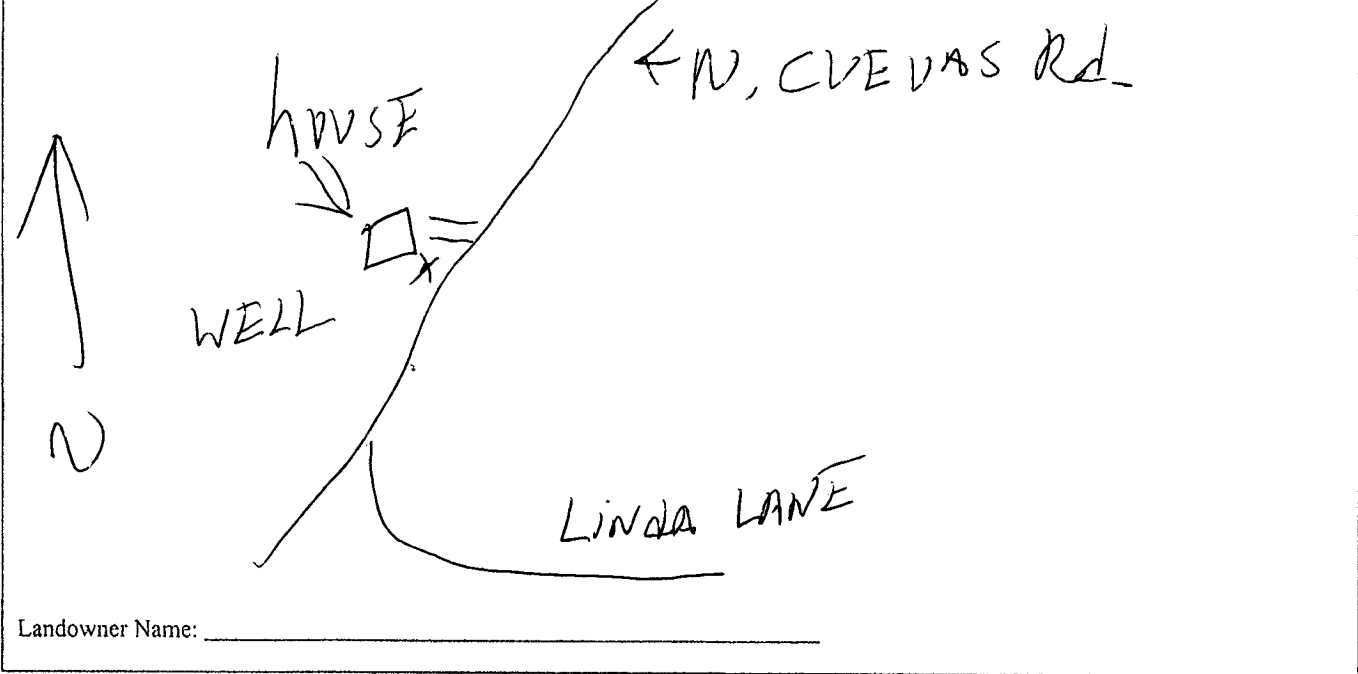
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	140
CLAY/SAND	140	190
CLAY	190	580
SAND	581	620

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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.

Print Name of Responsible Licensee and License No. MILE SCHWARTZ

Date 6/19/08

Signature of Licensee [Signature]

# 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: HARRISON  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 7-12-08  
Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-182  
 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>JANICE CARTER</u>	Latitude: <u>30.32.07</u> Longitude: <u>89.15.08</u>
Mailing Address: <u>17215</u> <u>NORTHUP CUEVAS RD.</u> <u>GULFPORT MS. 39501</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>7-12-08</u>	Setting Depth: <u>160 FT.</u> feet
Rated Pump Capacity: <u>16</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-12-08</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> 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.

0-754P KERRY PETERSON  
 Print Name of Pump Installer and License No. (if applicable)

Kerry Peterson  
 Signature of Pump Installer

Form OLWRS-100-1  
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JUL 29 2008  
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