

County: Harrison
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 7-26-10

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: E187
 Well #: _____
 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)	Well or Borehole Location
Owner Name: <u>Patricia Pinton</u>	Latitude: <u>30° 33' 07"</u> Longitude: <u>89° 14' 58"</u>
Mailing Address: <u>24121 W. Wortham Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Saucie, MS, 38574</u>	USGS quad, <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>1</u> Twn <u>6 S</u> Rng <u>13 W</u>
Telephone No. () <u>Ø</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 7-26-10 Date drilling completed: 7-26-10 Hole depth: 240' Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 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: 110 feet above or below (circle one) land surface Date measured: 7-26-10

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

Well depth: 240' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220' feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 220' feet to 240' 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*

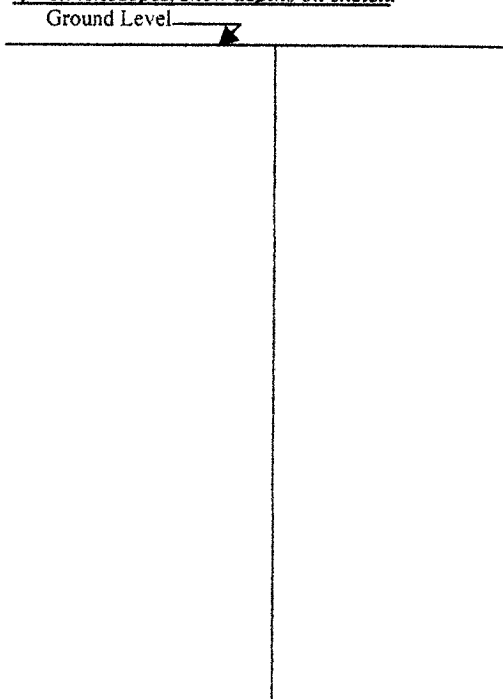
Form: OLWR-SWR-1A

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E187

The sketch below only required for water wells

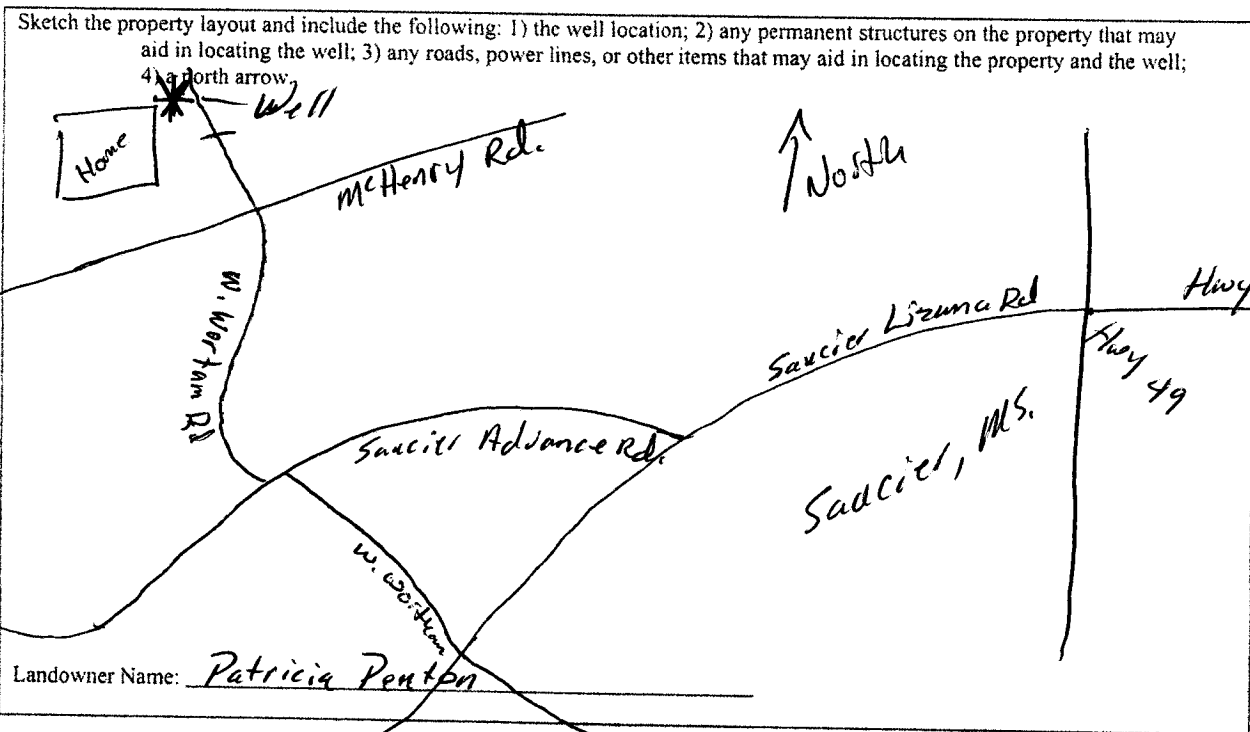
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	40
Sand	40	55
Clay	55	215
Sand	215	240


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



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.

Form: OLWR-SWR-1A

MAVIN WAGNON 0-785 7-26-10
 Print Name of Responsible Licensee and License No. Date

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 Signature of Licensee

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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: HARRISON
 Permit #: _____
 Driller: WAGNER
 Date completed: 08/16/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: E187
 Well #: _____
 * 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>PATRICIA PINTON</u> Mailing Address: <u>24121 W. WORTHAM RD</u> <u>SAUCIER MS 39574</u> City State Zip Code Telephone No. () <u>Ø</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>30° 33.078'</u> Longitude: <u>89° 14.580'</u> Method of Lat Long (check one): Conventional Survey <input type="checkbox"/> <u>35</u> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE 1/4 SE 1/4</u> Sec. <u>1</u> T. <u>6S</u> R. <u>13W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>08/16/10</u> Rated Pump Capacity: <u>22</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1.5</u> Setting Depth: <u>160</u> feet Number of Stages: _____</p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>08/16/10</u> Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut-in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ANTHONY FIVEASH JR 0-805
 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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SEP 07 2010

BY: OLWR