

State Well Report

Part 1

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: Lyman Well Co.
Date drilling completed: _____

For Office Use Only:

Aquifer: _____
Well #: G-534
L. S. Elevation: _____
E-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	Well Location
Owner Name: <u>River Hills Ventures LLC</u>	Latitude: <u>30° 31' 10"</u> Longitude: <u>89° 07' 19"</u>
Mailing Address: <u>6360 I-55 N</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 330</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Jackson MS 39211</u>	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>6S</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 936-4440</u>	_____ Miles _____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test Well

Date well drilling started: 6/2/08 Date well drilling completed: 6/9/08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 51' feet above or below (circle one) land surface Date measured: 6/9/08

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

Hole depth: 780 Well depth: 750 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 700 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: SCW

Screen slot size: .08 inches Setting depth: From 700 feet to 750 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): MDEQ

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.

Josh Kader 0-670
Print Name of Water Well Contractor and License No.

Josh Kader
Signature of Water Well Contractor

RECEIVED

JUN 19 2008

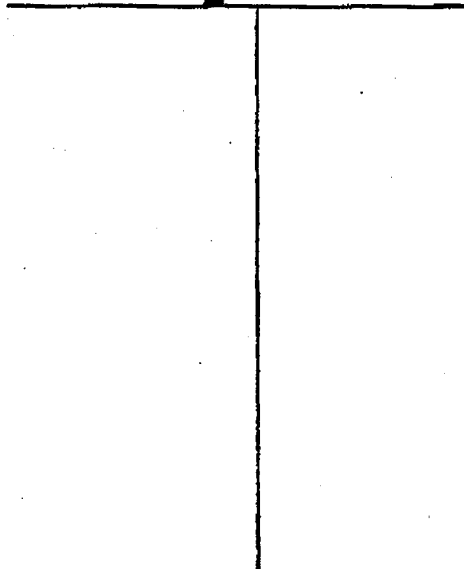
BY: OLWR

G-534

The sketch below only required for water wells

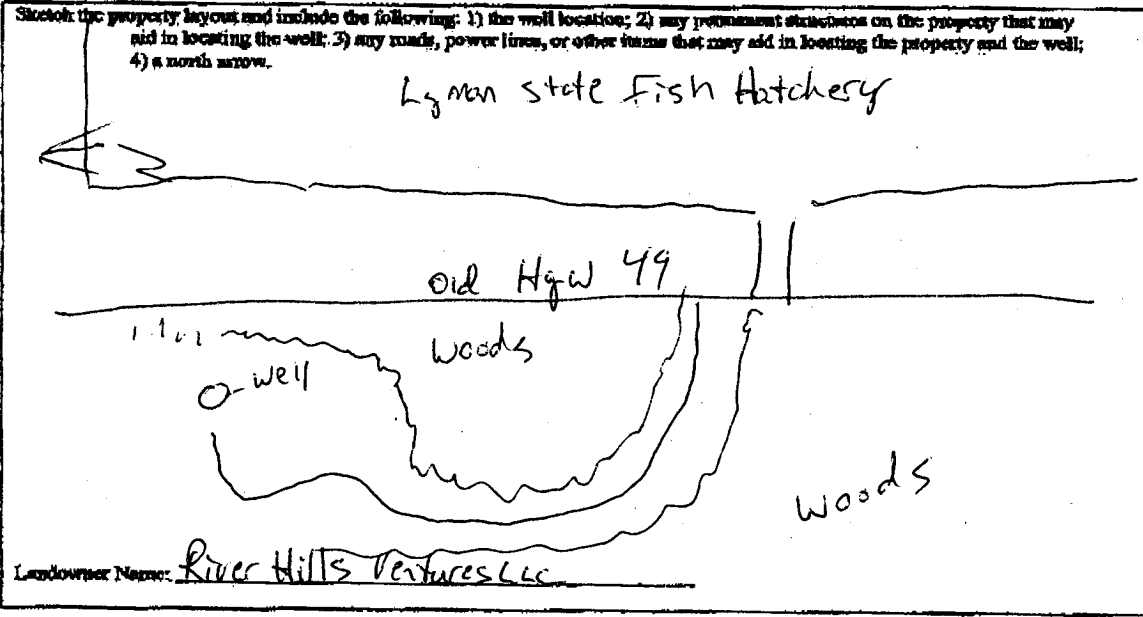
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well is deeper, show depth on sketch
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	25
clay	25	330
coarse sand	330	415
blue clay	415	505
3 1/2"	505	550
crumbly clay shale	550	670
sand	670	765
clay	765	780

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



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 here:

Josh Ledner 0-640 6/16/08 Josh Ledner
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 BY: OLWR

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: _____
Permit #: Lyman Well Co.
Driller: Lyman Well Co.
Date completed: 6/9/08

For Office Use Only:
Aquifer: _____
Well #: G-534
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>River Hills Ventures LLC</u>	Latitude: <u>30/31/30</u> Longitude: <u>89 07 19</u>
Mailing Address: <u>6360 I-55 N</u> <u>Suite 360</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Jackson</u> <u>MS</u> <u>39211</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>18</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. <u>(601) 936-4440</u>	Distance Direction Nearest Town ____ Miles ____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6/9/08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/12/08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>51</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>74</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>23</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Josh Hadner 0-640
Print Name of Pump Installer and License No. (if applicable) Josh Hadner
Signature of Pump Installer

RECEIVED
JUN 19 2008
BY: OLWR