	State Well Report Part 1 – Driller's Log ippi 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:
State Law requires that this report be prep Department at the above address within : Information on Well Owner (Landowner if borehole is not for a water Owner Name <u>Mike Rozier Const</u> Mailing Address: <u>Hwy 53</u> <u>Gulfport</u> <u>Ms. 39</u> City State Telephone No. ()	30 days of completion of drilling of the w Well or r well) Latitude: 30 ° 30. 11 Method of Lat/Long (circle USGS quad, Hand h SW 14 450 14 Sec. SW 5E Distance	r the work and filed with the ell or borehole. Borehole Location " Longitude: <u>Pf ° C7.555</u> tone): Conventional Survey, Cld OPS, Survey-grade GPS Twn <u>C7.555</u> Rng <u>1</u> W Nearest Town of
Date drilling started: 2-17 Date drilling con Location of the source of any surface water used for Method of dosing and volume of Chlorine used in Logs run (circle all applicable): No log run Elect Name of organization running log(s): Purpose of borehole (check one): Water Well	or drilling: drilling and development: ric Gamma Ray Density Sonic Neutron	Other: und Source Heat Pump
If drilling is not related to water Purpose of Well (check one): Home Industrial If a flowing well, method of flow regulation: Valv Static Water Level:feet above or b Method of Measurement (circle onesteel tape	r well construction, skip the remainder of this Public Supply Irrigation Fish Culture e Other (describe) below (circle one) land surface Date measure electric tape air line other:	s block ureOther: ed:2 -17-10
Type of completion (circle all applicable): Grave	eter:	r BVC BVC 300 feet pen hole Natural Development
Other Top of lap pipe or reduction in casing:	r (describe):	

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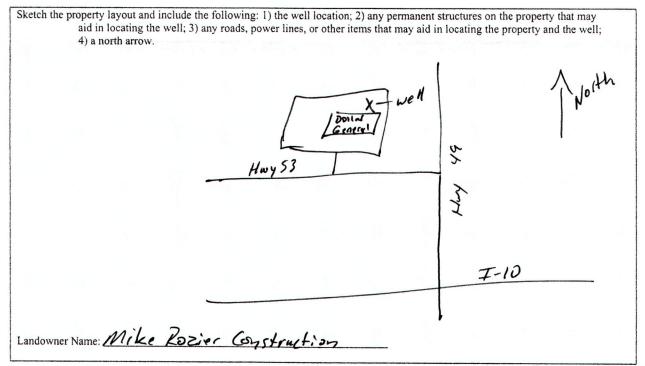
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The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered		Fo (depth)
Clay	Ground Level	60
Sand	60	75
Clay	75	120
Sand	120	145
Clay	145	160
Sand	160	185
Clay	185	275
Sand	275	300

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

Date

laws. MALUIN WAGNON 0-785 2-17-10

Print Name of Responsible Licensee and License No.

Signature of Licensee

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Owner Name: Mike Porier Contruction Mailing Address:	Pennin #. Mississippi Dep Driller: O-785 Date completed: O-18-10 Convinformation from block on Part 1 Identified This part of the report must be completed by a licensed water report must be attached and both parts filed with the Departs Well Owner Information	Part 2 taller's Completion Report partment of Environmental Quality Land and Water Resources P.O. Box 10631 kson, MS 39289-0631 (601)961-5210 601)354-6938 (fax) er well contractor or a licensed pump installer. A copy of Part 1 of the timent at the above address within 30 days of well completion. Well Location
Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasolinc Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	Mailing Address: <u>Hury 53</u> <u>Gallport Ms. 395-03</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey USGS quad, Hand-held GPSSurvey-grade GPS 1/4 SecTR Distance Direction Nearest Town
Date Well Tested: 2-18-10 Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute	Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed:	Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor:
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping	Date Well Tested: 2 - 18 - 60 Static Water Level (A): Feet Below Land Surfa Pumping Water Level (B): Feet Below Land Surfa Drawdown [(B) - (A)]: Feet Below Land Surfa	Circle one Air Line Electric Measuring Line Other (specify): ace For flowing well, measured shut in head: Well yieldedfeet

2010

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