

County: Harrison
 Permit #: 0239
 Driller: Mike McNeil
 Date drilling completed: 09/18/13

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 #: J410
 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>Margaret Cook</u> <u>Garion Homes</u>	Latitude: <u>30° 23' 36"</u> Longitude: <u>89° 16' 02"</u>
Mailing Address: <u>Lot # 55</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pasc Christian, MS</u> <u>39571</u>	<u>1R 1/4 SW 1/4 Sec 35</u> <u>Twn 7N</u> <u>Rng 13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 220-1916</u> <u>228-4223</u>	<u>2</u> Miles <u>S</u> of <u>Pasc Christian</u>

Well / Borehole Data

Date drilling started: 9-17-13 Date drilling completed: 9-18-13 Hole depth: 500 Hole diameter: 2"

Location of the source of any surface water used for drilling: Home

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: 80 feet above or below (circle one) land surface Date measured: 9-18-13

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

Well depth: 500 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .0006 inches Setting depth: From 480 feet to 500 feet

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

Other (describe): _____

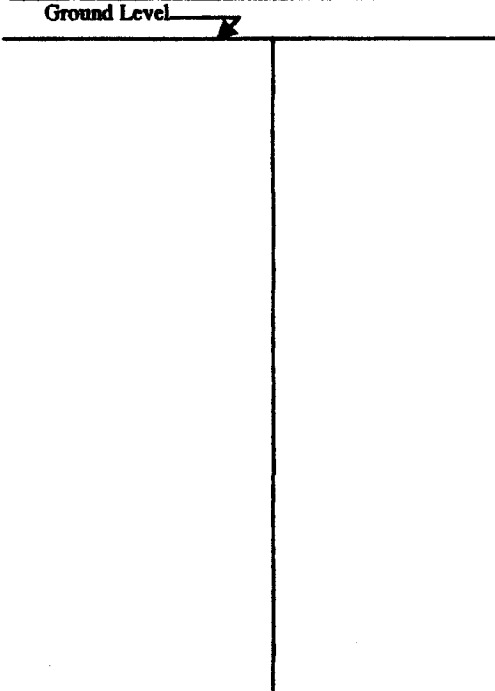
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

J410

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Mud	Ground Level	120
Sand	120	140
mud	140	360
Sand	360	390
mud	390	460
Sand	460	500

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.

Landowner Name: _____

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.

Michael Merrill Sr. 09/10/12 Michael Merrill Sr.
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

For Office Use Only:

Aquifer: _____
 Well #: J410
 Elevation: _____

County: Harrison
 Permit #: 0239
 Driller: Mike McNeil
 Date completed: 09/18/13
Copy information from block on Part 1

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>Magnolia Walk</u>	Latitude: <u>30-23-36</u> Longitude: <u>89-16-02</u>
Mailing Address: <u>Lot #55</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1R 1/4 SW 1/4 Sec 35 T 25 R 13 W</u>
Telephone No. <u>(228) 200-1916, 228-200-6223</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>North</u> of <u>Delisle</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-18-13</u>	Setting Depth: <u>100' (Jet)</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-13</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael McNeil Sr. 0239 Michael McNeil
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer