

County: Harrison
 Permit #: 0239
 Driller: Mike McNeil
 Date drilling completed: 11/12/13

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 #: J411
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Garion Curion Homes (Magnolia Homes)</u>	Latitude: <u>30.23.31</u> " Longitude: <u>89.16.06</u> "
Mailing Address: <u>Lot # 8</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Pass Christian, MS 39571</u>	<u>1R 1/4 SW 1/4 Sec 35 Twn 7N Rng 13W</u>
City State Zip Code	Distance <u>4</u> Miles Direction <u>North</u> of Nearest Town <u>DeLisle</u>
Telephone No. <u>(228) 200-6223</u> , <u>(779) 280-1916</u>	

Well / Borehole Data

Date drilling started: 11-10-12 Date drilling completed: 11-12-12 Hole depth: 500 Hole diameter: 2"

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

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): NRD

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: 11-12-12

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

Well depth: 500 Well grouted to a depth of 10 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 _____ feet to _____ 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*

J 411

The sketch below only required for water wells

If well telescopes, show depths on sketch.

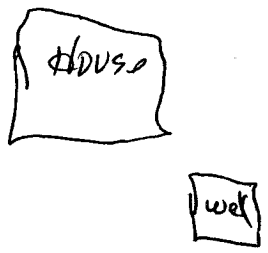
Ground Level _____ K

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)
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: Barton Homes (Lot 8)

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 McMill Sr. 0239 11/12/13 Michael McMill
 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 #: **JAIL**

Elevation: _____

County: **Harrison**
 Permit #: **0239**
 Driller: **Mike McGill**
 Date completed: _____

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

Owner Name: **Cunin Homes (Magnolia Walk)**
 Mailing Address: **Lot #8**

Pass Christian, MS 39571
 City State Zip Code

Telephone No. **(228) 200-6223, 228 200-1916**

Well Location

Latitude: **30-23-31** Longitude: **89-16-06**
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec **35** T **70** R **13W**
 Distance Direction Nearest Town
1/4 Miles **N** of **Petisco**

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____

Date Pump Installed: **11-12-13**
 Rated Pump Capacity: **12** Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: **1**
 Setting Depth: **100'** **Jet** feet
 Number of Stages: **2**

Pump Test Data

Date Well Tested: **11-12-13**
 Static Water Level (A): **80** Feet Below Land Surface
 Pumping Water Level (B): **100** Feet Below Land Surface
 Drawdown [(B) - (A)]: **10** Feet Below Land Surface
 Test Pumping Rate: **12** Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): **4** hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded **12** GPM with a drawdown of
10 feet after **4** hours of pumping

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

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

Michael McGill
 Signature of Pump Installer