County: Harrison

Permit #:

Driller: O-285

Date drilling completed: 4-8-08

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 #: K-442

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)

Owner Name: Pass Road to the Future

Mailing Address: 0 Bells Ferry Rd.

Pass Christian (City) MS (State) 39571 (Zip Code)

Telephone No. (____)

Well or Borehole Location

Latitude: 30 ° 23 ' 28.6" Longitude: 89 ° 17 ' 7.99"
17 48

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec 31 Twn 7S Rng 12W

Distance ____ Miles Direction ____ of Nearest Town ____

Well / Borehole Data

Date drilling started: 4-8 Date drilling completed: 4-8 Hole depth: 140' 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: 5 feet above or below (circle one) land surface Date measured: 4-8-08

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

Well depth: 140 Well grouted to a depth of ____feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 130 feet to 140 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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K-442

The sketch below only required for water wells

If well telescopes, show depths on sketch.

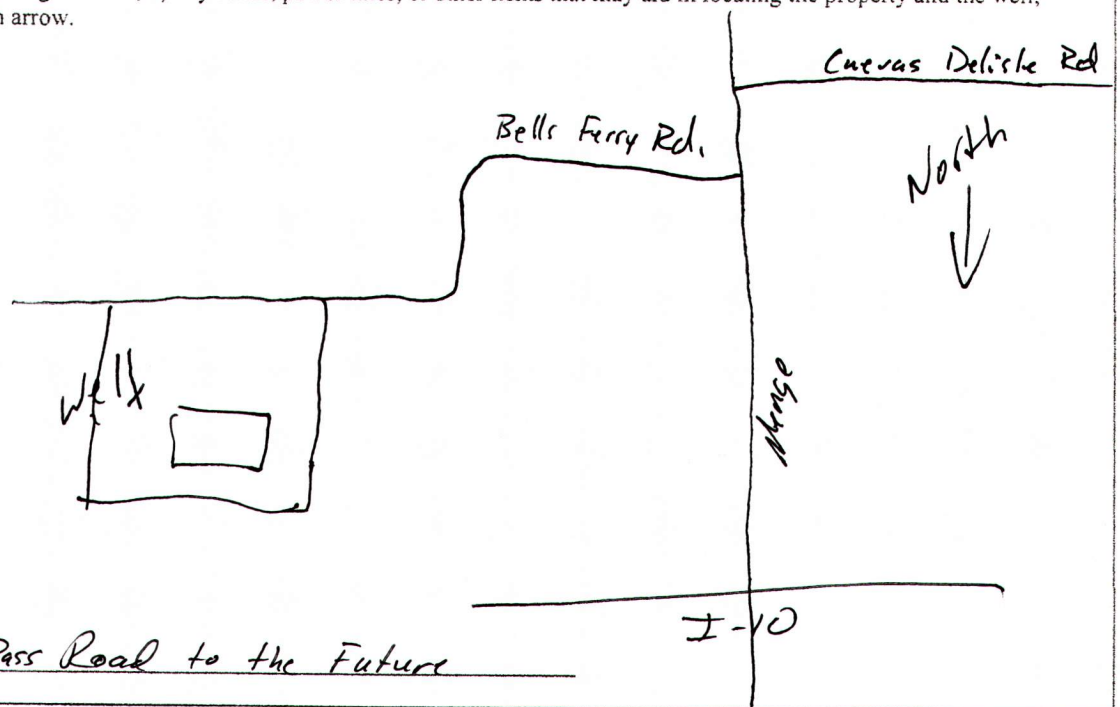
Ground Level

If more than one screen, show location of each 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	10
Sand	10	30
Clay	30	120
Sand	120	140

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: Pass Road to the Future

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.

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MALVIN WAGNON 0-785 — 4-8-08 — Malvin Wagnon

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)

County: Harrison
Permit #:
Driller: O-785
Date completed: 4-9-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: K-442
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.

Well Owner Information

Owner Name: Pass Road to the Future
Mailing Address: Ø
Bells Ferry Rd.
Pass Christian MS 39571
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 30°-23.286' Longitude: 89°-13.799'
Method of Lat/Long (check one): Conventional Survey____,
USGS quad____, Hand-held GPS✓, Survey-grade GPS___
____¼ ____¼ Sec____ T____ R____
Distance Direction Nearest Town
____Miles ____ of ____

Pump Type
Circle one

Air Lift | (Jet) | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 4-9-08
Rated Pump Capacity: ____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: ____feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 4-9-08
Static Water Level (A): 5 Feet Below Land Surface
Pumping Water Level (B): 40 Feet Below Land Surface
Drawdown [(B) – (A)]: 35 Feet Below Land Surface
Test Pumping Rate: ____Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 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 ____GPM with a drawdown of
____feet after ____hours of pumping

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

MALVIN WAGNON O-785
Print Name of Pump Installer and License No. (if applicable)

Malvin Wagnon
Signature of Pump Installer

Form: OLWR-SWR-1B

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APR 29 2008
BY: OLWR