

County: Holmes
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 12-5-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E23
 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.

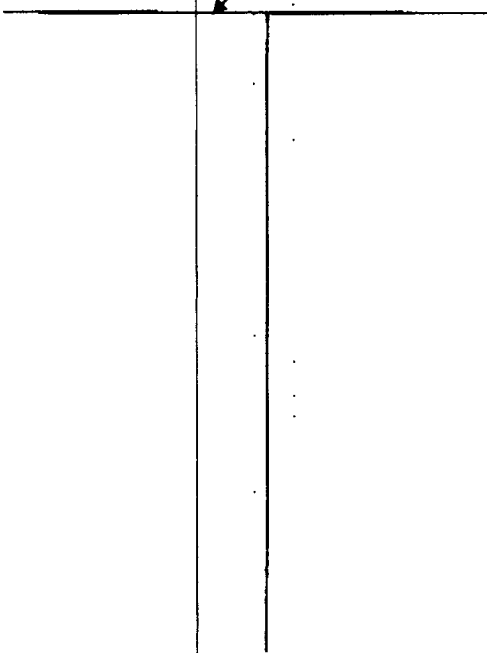
Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>		Well or Borehole Location	
Owner Name: <u>Jeffrey DeRosia</u>		Latitude: <u>33° 13.822'</u>	Longitude: <u>89° 52.194'</u>
Mailing Address: <u>19306 West Main</u>		Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>11</u>	
<u>Galliano La 70354</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>SW 1/4 SE 1/4 Sec 15 Twn 16N Rng 4E</u>	
Telephone No. <u>(985) 991-9593</u>		Distance Direction Nearest Town	
		<u>3</u> Miles <u>NW</u> of <u>West</u>	
Well / Borehole Data			
Date drilling started: <u>12-5-11</u>	Date drilling completed: <u>12-5-11</u>	Hole depth: <u>155</u>	Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>Thomas Drilling</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>1</u>			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Seismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: _____			
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____			
Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix			
Casing length: <u>125</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.010</u> inches Setting depth: From <u>125</u> feet to <u>155</u> feet			
Type of completion (circle all applicable): <u>Gravel pack</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

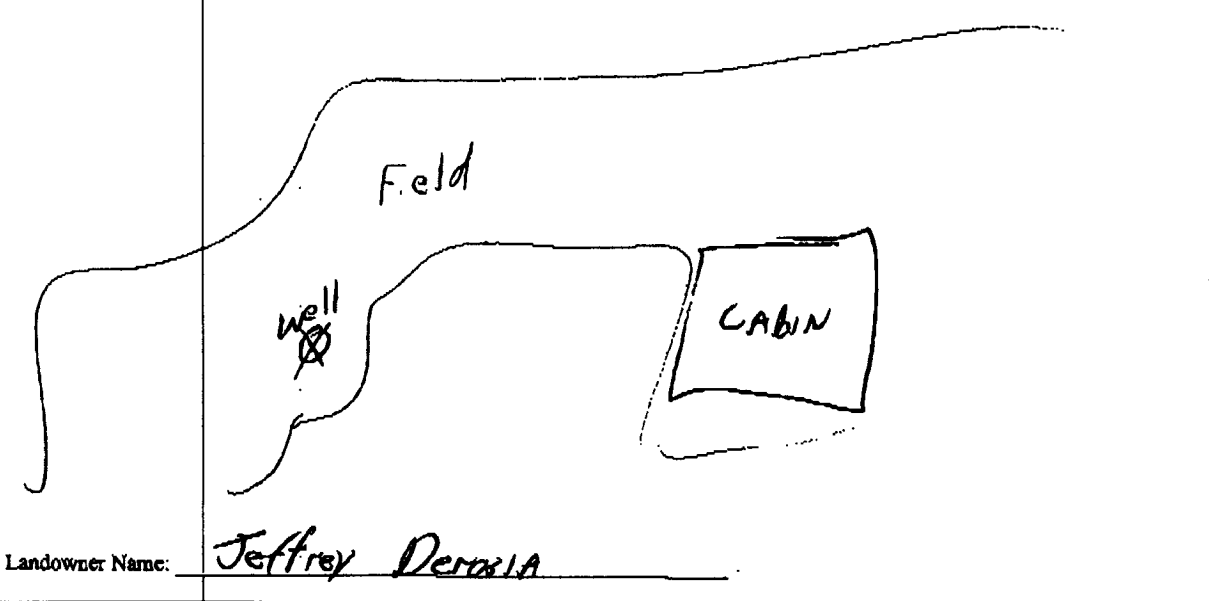


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Mixed dirt	0	12
clay & sand	12	35
SAND	35	50
clay	50	82
white sand	82	155

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.

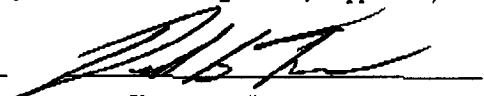


Landowner Name: Jeffrey Derxia

Form: OLWR-SWR-1A (04/08)

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.

David S. Thomas 0-147 12-5-11
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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E23
 Elevation: _____

County: Holmes
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 12-7-11
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>Jeffrey DeRosia</u>	Latitude: <u>N 33.13.822</u> Longitude: <u>W 89°52.195</u>
Mailing Address: <u>18308 West MAIN</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GALLIANO LA 70354</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(980) 991-9593</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>NW</u> of <u>West</u>

	Pump Type Circle one	Power Type Circle one	
Air Lift	Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket	Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/>	Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal	Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/>	Other (specify): _____
Other (specify): _____		Horse Power Rating of Motor: <u>5</u>	
Date Pump Installed: <u>12-7-11</u>		Setting Depth: <u>120</u> feet	
Rated Pump Capacity: <u>95</u> Gallons Per Minute		Number of Stages: <u>10</u>	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>80</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

David S Thomas 0-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)