

### State Well Report Part I - 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)

County: Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 8/27/06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A141  
 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.

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Chris Lepine</u> Mailing Address: <u>11905 Wire Rd.</u> <u>Vanderveer, MS</u> City State Zip Code Telephone No.: <u>2238-5211</u>		<b>Well or Borehole Location</b> Latitude: <u>30-40-21</u> Longitude: <u>88-48-42</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> x <u>NN</u> x Sec: <u>29</u> Twn <u>45</u> Rng <u>8W</u> Distance Direction Nearest Town <u>30</u> Miles <u>N</u> of <u>Deerfield</u>
<b>Well / Borehole Data</b> Date drilling started: <u>8/26/06</u> Date drilling completed: <u>8/27/06</u> Hole depth: <u>235</u> Hole diameter: <u>4x2</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 5950 chlorine</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> 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 <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>105</u> feet above or below (circle one) land surface Date measured: <u>8/27/06</u> Method of Measurement (circle one) steel tape electric tape air line other <u>plumb bob</u> Well depth: <u>235</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <u>Best Cement</u> <u>Bestonite</u> <u>Mix</u> Casing length: <u>225</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4x2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>225</u> feet to <u>235</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on next page		

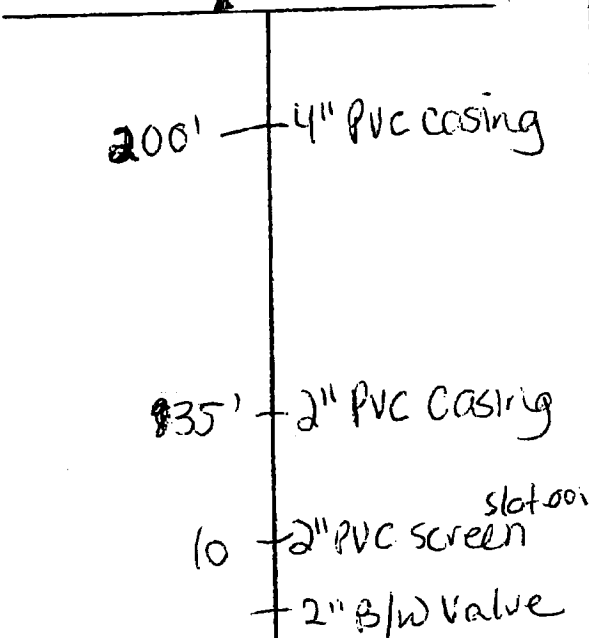
Form: OLWR-SWR-1A  
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A-141

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

If well telescopes, show depths on sketch  
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	0	3
Real Sandy Clay	3	11
Sandy Gravel	11	20
Real Sandy Clay	20	45
Soft Blue Clay	45	200
Coarse Water Sand	200	235

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: Chris Lepine

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.

Print Name of Responsible: Dwight Mason License No. 0-009 Date 8/27/06

Signature of Licensee: Dwight Mason

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### 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: Jackson  
 Permit #: 0-209  
 Driller: R. Hason  
 Date completed: 8/27/06  
 Copy information from Mech. on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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	Well Location
Owner Name: <u>Chris Lepine</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11905 Wire Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vandervee, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> Sec <u>29</u> T <u>4s</u> R <u>8w</u>
Telephone No. ( ) <u>238-5211</u>	Distance Direction Nearest Town
	<u>30</u> Miles <u>N</u> of <u>Diberville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Je: <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8/27/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/27/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>0</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.

Dwight Mason 0-209  
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason  
 Signature of Pump Installer

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