

State Well Report

Part 1

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 #: _____
Driller: Michael S. Havard
Date drilling completed: 6-13-07

For Office Use Only:
Aquifer: _____
Well #: D-275
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Slater Contracting</u> | Latitude: <u>30° 40' 13" 08</u> Longitude: <u>88° 28' 53" 32</u> |
| Mailing Address: <u>7412 Caraway Road</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS |
| <u>Moss Point MS 39452</u> City State Zip Code | <u>NW 1/4 SW 1/4 Sec 27 T45 R5W</u> |
| Telephone No. () _____ | Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Hurley</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 06-13-07 Date well drilling completed: 06-13-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 06-14-07

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 2 inches Type of casing: PVC 540 BE

Screen length: 8/10 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .008 inches Setting depth: From 85 feet to 90 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael S. Havard 0-673
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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AUG 13 2007
BY: OLWR

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 #: _____
 Driller: Michael S. Harvard
 Date completed: 06-14-07

For Office Use Only:

Aquifer: _____
 Well #: D-225
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Slater Contracting</u> | Latitude: <u>N30°40.13</u> Longitude: <u>W88°28.53</u> |
| Mailing Address: <u>7412 Caraway Road</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Moss Point MS 39452</u> City State Zip Code | 1/4 1/4 Sec <u>27</u> Twn <u>T4S</u> Rng <u>R5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Hurley</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>06-14-07</u> | Setting Depth: <u>75</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>06-14-07</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>45</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>68</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | <u>13</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 S. Harvard 0-673 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 13 2007
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