

County: Jackson
 Permit #: 0-780
 Driller: Joel Pieve
 Date drilling completed: 2-3-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D-322
 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)	Well or Borehole Location
Owner Name: <u>Chad Overstreet</u>	Latitude: <u>30° 43' 47.0"</u> Longitude: <u>89° 29' 59.4"</u>
Mailing Address: <u>2100 Tamer Williams Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hanniston, MS</u> <u>39562</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>5</u> Twn <u>4S</u> Rng <u>5W</u>
City State Zip Code	Distance <u>5</u> Miles Direction <u>NE</u> of Nearest Town <u>Hank, MS</u>
Telephone No. <u>(228) - 990 - 2561</u>	

Well / Borehole Data

Date drilling started: 1-8-09 Date drilling completed: 1-3-09 Hole depth: 45 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquila, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine

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: 3 feet above or below (circle one) land surface Date measured: 2-3-09

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

Well depth: 45 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 5 feet Screen diameter: 2 inches Type of screen: Sch 80 11

Screen slot size: 10 inches Setting depth: From 0 feet to 45 feet

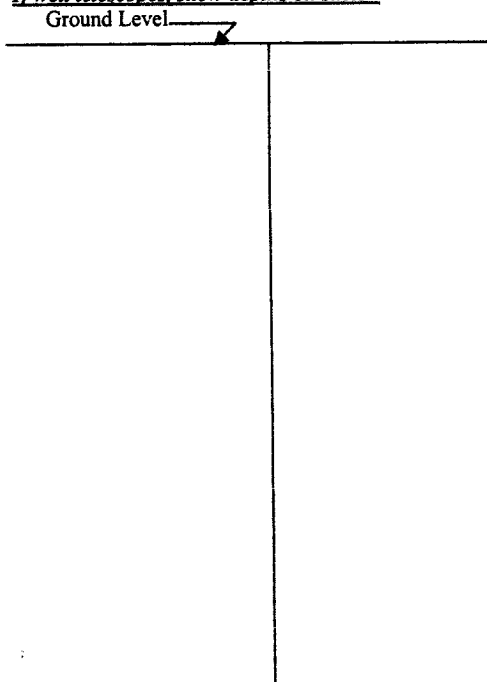
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

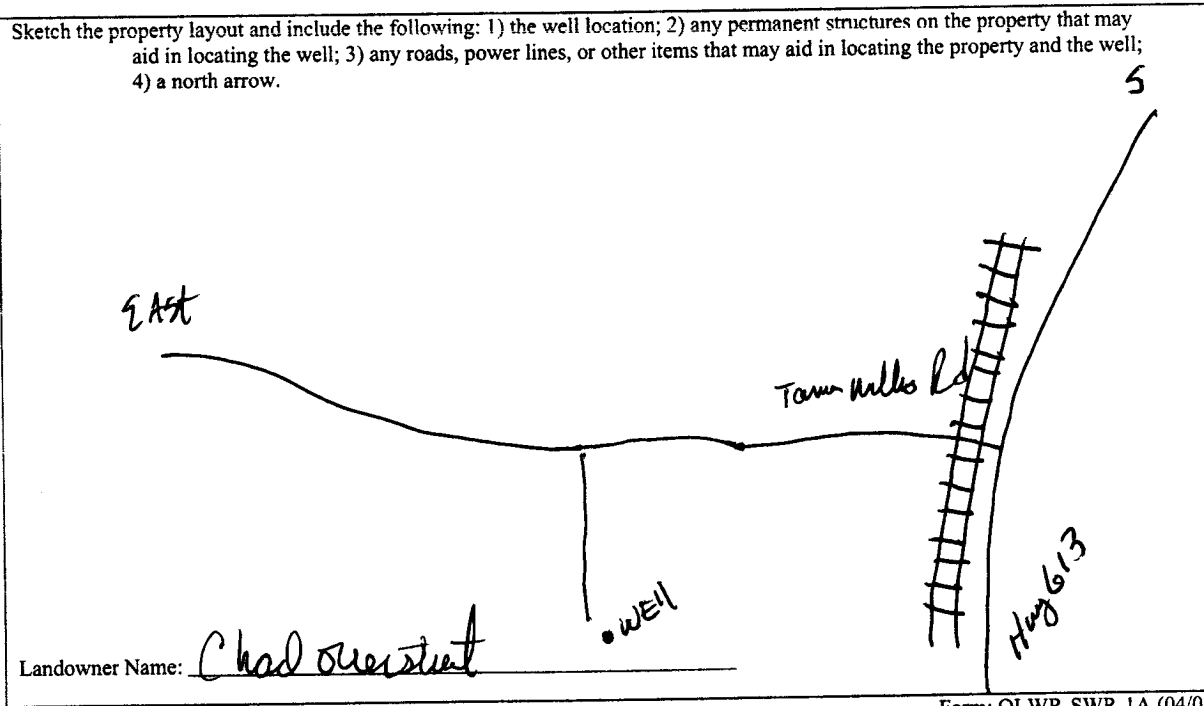
If well telescopes, show depths on sketch.



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)	
	Ground Level	
unble sand	0	45

If more than one screen, show location of each on sketch



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.

Joel Pierce 0-780
 Print Name of Responsible Licensee and License No.

2-3-09
 Date

Joel Pierce
 Signature of Licensee

RECEIVED
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
 2-2-09

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 #: D-322
 Elevation: _____

County: Jackson
 Permit #: 0-280
 Driller: Joel Pierre
 Date completed: 1-3-09
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>Chad Overstreet</u>	Latitude: <u>30 43 47.0</u> Longitude: <u>88-29-974</u>
Mailing Address: <u>2100 Tom Williams Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Havelston, MS</u> <u>39562</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 5 T 45 R 5W</u>
Telephone No. <u>(228) 990-2511</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>North E</u> of <u>Havelston, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-3-09</u>	Setting Depth: <u>25 ft line</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>2-3-09</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</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>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Pierre 0-280
 Print Name of Pump Installer and License No. (if applicable)

Joel Pierre
 Signature of Pump Installer

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

RECEIVED

JAN 14 2009

BY OLWR