

County: Jackson
 Permit #: 0-780
 Driller: Joel Peir
 Date drilling completed: 2-9-10

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: D 342
 Well #: _____
 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>Gerald Navarro</u>	Latitude: <u>30° 40' 56.5"</u> Longitude: <u>89° 28' 50"</u>
Mailing Address: <u>210 Alamosa Drive</u>	Method of Lat Long (circle one): Conventional Survey <input type="checkbox"/> <u>54</u>
<u>Humbly</u> <u>MS</u> <u>39562</u>	USGS quad: <u>NE</u> <u>1/4 NE</u> <u>1/4 Sec 28</u> <u>Twn 45</u> <u>Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>228</u>) <u>990-6400</u>	<u>3</u> Miles <u>NE</u> of <u>Humbly, MS</u>

Well / Borehole Data

Date drilling started: 2-9-10 Date drilling completed: 2-9-10 Hole depth: 50 Hole diameter: 2

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

Method of dosing and volume of Chlorine used in drilling and development: 2000 water equal chlorinated

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: 2-9-10

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

Well depth: 50 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: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 50 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 (04/08)

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: D 342

Well #: _____

Elevation: _____

County: Jackson

Permit #: 0-780

Driller: Joel Pierre

Date completed: 2-9-10

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

Owner Name: Gerald Nannous

Mailing Address: 210 Alamosa Drive

Humboldt MS 39562
City State Zip Code

Telephone No. (228) 990-6400

Well Location

Latitude: 30-40-563 Longitude: 88-28-900

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS Survey-grade GPS _____

NE 1/4 NE 1/4 Sec 28 T 45 R 5w

Distance Direction Nearest Town

3 Miles NE of Humboldt, MS

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2-9-10

Rated Pump Capacity: 10 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 hp

Setting Depth: 30 set line feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 2-9-10

Static Water Level (A): 3 Feet Below Land Surface

Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 Feet Below Land Surface

Test Pumping Rate: 10 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 48 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 10 GPM with a drawdown of

2 feet after 48 hours of pumping

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

Joel Pierre 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pierre
Signature of Pump Installer

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

BY: OLWR