

County: Jackson Co.
 Permit #: _____
 Driller: Pierce Well
 Date drilling completed: 6/13/05

Well Driller Report and Well 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)

For Office Use Only:

Aquifer: _____
 Well #: F-240
 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>Jason Ely</u> | Latitude: <u>30° 35' 03"</u> Longitude: <u>88° 38' 48"</u> |
| Mailing Address: <u>River Bluff Sub Div.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Vanceleave MS</u> | NE 1/4 SE 1/4 Sec <u>24</u> Twn <u>55</u> Rng <u>7W</u> |
| City State Zip Code | IR NW 25 |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>1</u> Miles <u>S</u> of <u>Pascagoula River on W side Vanceleave Rd.</u> |

Well Data

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

Date well drilling started: 6/13/05 Date well drilling completed: 6/13/05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 6/13/05

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

Hole depth: 130' Well depth: 130' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: _____

Screen slot size: 006 inches Setting depth: From _____ feet to _____ 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 Pierce 0296
 Print Name of Water Well Contractor and License No.

Michael Pierce
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED

JUN 27 2005

BY: OLWR

F-240

Ground Level

Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top soil | 0 | 10 |
| Clay | 10 | 30 |
| Sand | 30 | 40 |
| Clay | 40 | 100 |
| good Sand | 100 | 130 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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) indicate direction.



Landowner Name: Jason Ely

Michael Purcell
Signature of Water Well Contractor

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: Pierce Well
 Date completed: 6/14/05

For Office Use Only:

Aquifer: _____
 Well #: F-240
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|---------------------------------------|--|
| Owner Name: <u>Jason Ely</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ <u>Same</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>NE 1/4 SE 1/4 Sec 24 Twn 5S Rng 7W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>1 Miles S of Pascagoula River</u> <u>Woodland Drive Rd.</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>6/14/05</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>6/14/05</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</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>10</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 Pierce 0296
Print Name of Pump Installer and License No. (if applicable)

Michael Pierce
Signature of Pump Installer

RECEIVED

JUN 27 2005

BY: OLWR