

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 #: O-209
 Driller: R. Mason
 Date drilling completed: 3/4/06

For Office Use Only:
 Aquifer: _____
 Well #: F-266
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rusty Mallard</u> Mailing Address: <u>Old River Rd.</u> <u>Vanclave, MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: " ' " Longitude: " ' "</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>5S</u> Rng <u>7W</u></p> <p>Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>Vanclave</u></p>
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Well / Borehole Data

Date drilling started: 3/3/06 Date drilling completed: 3/4/06 Hole depth: 270 Hole diameter: 7.5

Location of the source of any surface water used for drilling: Shp
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 39% chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): N/A

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____
If drilled: is not related to water well construction, file 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 N/A Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3/4/06
 Method of Measurement (circle one) steel tape electric tape air line other plumb bob

Well depth: 270 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 260 feet Casing diameter: 4x2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 260 feet to 270 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

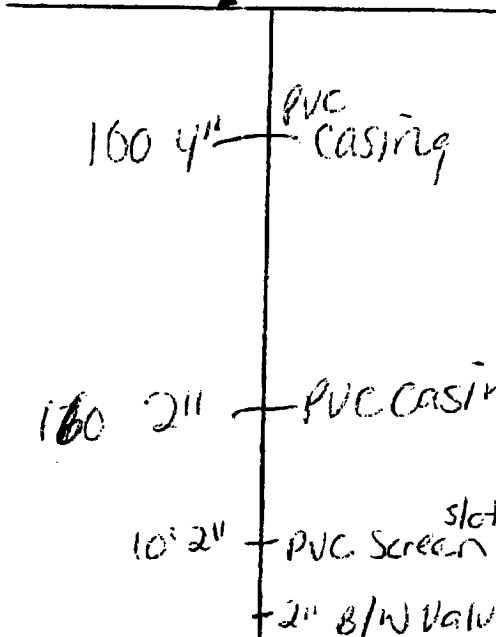
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F-266

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \xrightarrow{K}



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	
Top Soil	0	3
Sandy Red Clay	3	25
Sugar Sand	25	45
Red sandy Clay	45	60
White sand	60	75
Soft Blue Clay	75	165
Hard Blue Clay	165	260
Coarse Water Sand	250	270

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: Rusty Mallard

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.

Dwight Mason 0-009 Dwight Mason
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SMR-1

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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. Mason
 Date completed: 3/4/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: F-266
 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>Rusty Mallard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old River Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vandeventer, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23 T5S R 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>NE</u> of <u>Vandeventer</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>1</u>
Date Pump Installed: <u>3/4/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/4/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>80</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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