

County: Jackson
 Permit #: _____
 Driller: Michael S. Harard
 Date drilling completed: 8-22-09

State Well Report
Part 1 - 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)

For Office Use Only:
 Aquifer: G 205
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Nathan Ford</u> Mailing Address: <u>17324 John Cumbust Rd</u> <u>Miss Point MS 39562</u> City State Zip Code Telephone No. <u>(228) 990-4191</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 35' 58"</u> Longitude: <u>88° 34' 35"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> SW 1/4 NE Sec <u>22</u> Twn <u>T55</u> Rng <u>R6W</u> Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>Wade</u></p>
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Well / Borehole Data

Date drilling started: 8-22-09 Date drilling completed: 8-22-09 Hole depth: 75' Hole diameter: 4.5"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: 23 feet above or below (circle one) land surface Date measured: 8-22-09

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

Well depth: 75 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 2 inches Type of casing: PVC 540 BE

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

Screen slot size: .008 inches Setting depth: From 55 feet to 65 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*

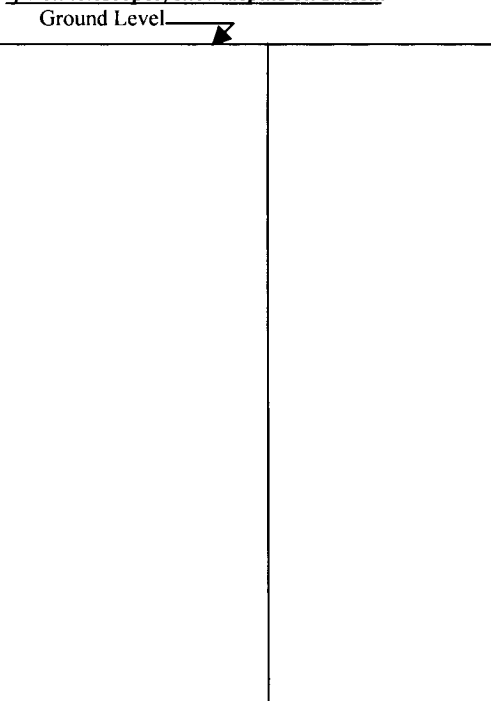
Form: OLWR-SWR-1A

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G 205

The sketch below only required for water wells

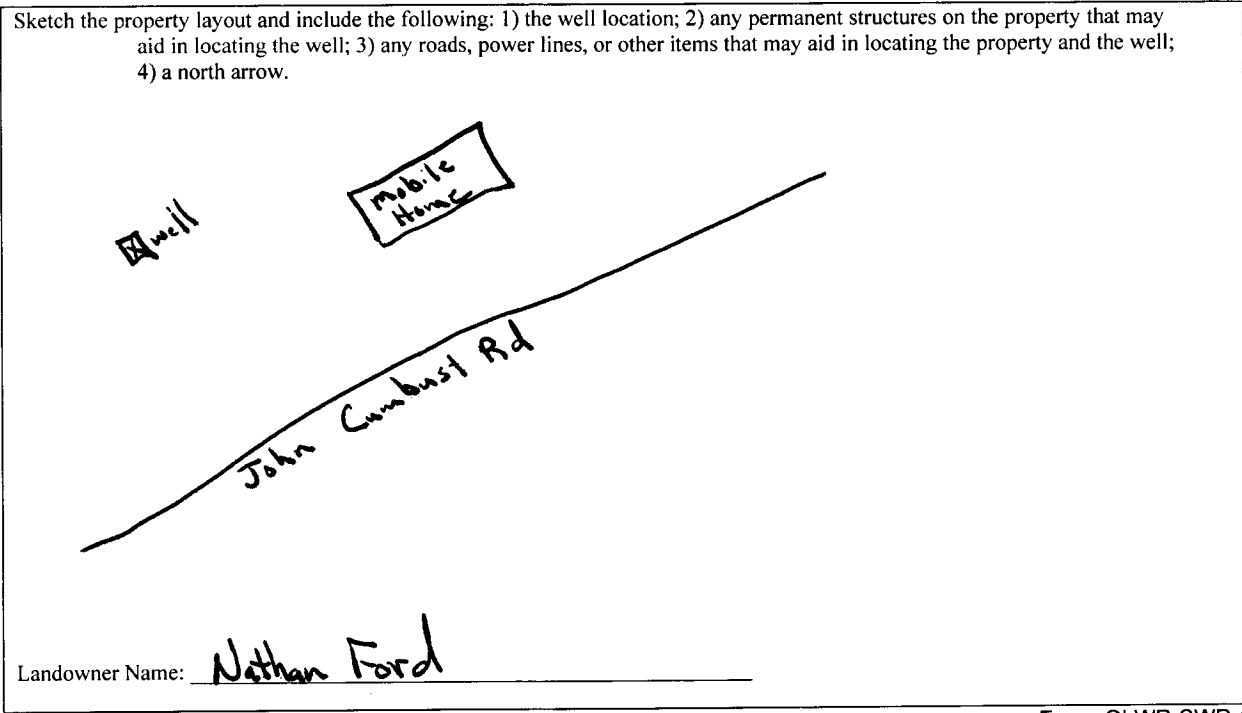
If well telescopes, show depths on sketch.



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)
Top Sand	Ground Level	8
Clay Brown	8	12
Clay Blue	12	32
Sand	32	75

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



Form: OLWR-SWR-1A

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.

Michael S. Harvard 0-673 10-16-09
Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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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 #: _____
 Driller: Michael S. Harvard
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: G 205
 Well #: _____
 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>Nathan Ford</u>	Latitude: <u>30° 35.97</u> Longitude: <u>88° 34.35</u>
Mailing Address: <u>Mass Point</u> <u>17324 John Cumbust Rd</u> <u>Mass Point Ms 39564</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>422 T T55 R R6W</u>
Telephone No. <u>(228) 990-4191</u>	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Wade</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>8-22-09</u>	Setting Depth: <u>60</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: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</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>7</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

Form: OLWR-SWR-1B
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