

County: Jackson
 Permit #: 0-784
 Driller: Joel K...
 Date drilling completed: 1-29-11

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: H 204
 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>Ryan Alford</u>	Latitude: <u>30 35 07</u> Longitude: <u>88 29 36</u>
Mailing Address: <u>7200 Big Point Rd</u>	Method of Lat Long (circle one): Conventional Survey
<u>Missport MS 39562</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 28 Twn 55 Rng 5W</u>
Telephone No.: <u>(228) 990-7491</u>	Distance: <u>1.12</u> Miles Direction: <u>South</u> of <u>Big Point, MS</u>

Well / Borehole Data

Date drilling started: 1-29 Date drilling completed: 1-29 Hole depth: 90 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlor

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: 1-20-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 90 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 90 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**

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

For Office Use Only:

Aquifer:
Well #:
Elevation:

County: Jackson
Permit #: 0-780
Driller: Joel Piers
Date completed: 1-29-11
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: Ryan Alford
Mailing Address: 7200 Pig Point Rd
City: Moss Point, MS State: MS Zip Code: 39562
Telephone No.: 228-990-7491
Well Location
Latitude: 30 34-670 Longitude: 88 29-360
Method of Lat Long (check one): Conventional Survey
USGS quad SE NW Sec 28 T 55 R 5W
Distance: 1 1/2 Miles Direction: South of Nearest Town: Pig Point, MS

Pump Type
Circle one
Air Lift Jer Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 1-28-11
Rated Pump Capacity: 8 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
Setting Depth: 40 feet
Number of Stages: 2

Pump Test Data
Date Well Tested: 1-29-11
Static Water Level (A): 3 Feet Below Land Surface
Pumping Water Level (B): 40 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface
Test Pumping Rate: 8 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:
Well yielded 8 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 Piers 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Piers
Signature of Pump Installer