

County: Jackson
 Permit #: ~~0-780~~
 Driller: Joel Piewe
 Date drilling completed: 11-18-09

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: K694
 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>Mike Savelin</u> | Latitude: <u>30° 28' 42"</u> Longitude: <u>88° 41' 36"</u> |
| Mailing Address: <u>9220 Rockville Drive</u> | Method of Lat/Long (circle one): Conventional Survey <u>21</u> |
| <u>Vanhook MD 39865</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4 Sec 33 Twn 75 Rng 7W</u> |
| Telephone No: <u>(228) 6217-6353</u> | Distance Direction Nearest Town <u>3 Miles South of Gautier, MS</u> |

Well / Borehole Data

Date drilling started: 11-18-09 Date drilling completed: 11-18-09 Hole depth: 170 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquila, MD
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine

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: 11-18-09

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 2 inches Type of casing: Sch 40 Plaster

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plaster

Screen slot size: 10 inches Setting depth: From 0 feet to 170 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

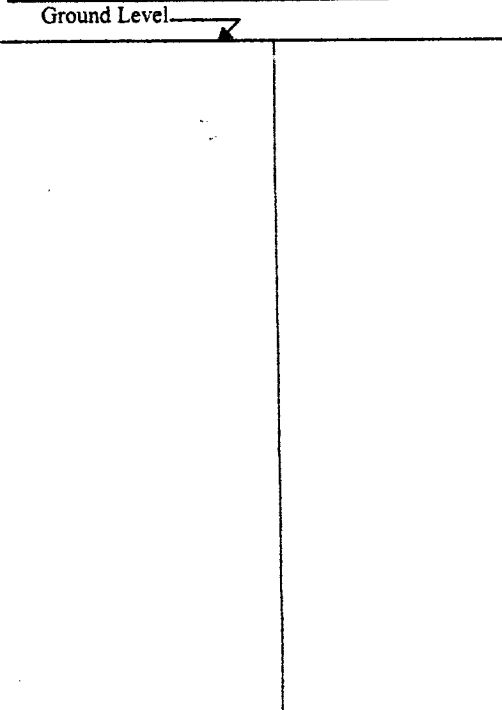
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)
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K644

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) Ground Level | To (depth) |
|---------------------------------------|------------------------------|------------|
| white sand | 0 | 15 |
| gray clay | 15 | 40 |
| yellow sand | 40 | 80 |
| green clay | 80 | 130 |
| gray sand | 130 | 170 |
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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: Mike Samuel

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

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.

Joel Pien - 0780 11-18-09 Joel Pien **RECEIVED**

Print Name of Responsible Licensee and License No. Date Signature of Licensee **DEC 17 2009**

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: K 644
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: 0-780
 Driller: Joel Pien
 Date completed: 11-18-09
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: Mike Smedley
 Mailing Address: 9220 Rockhill Drive
Vandeventer MO 39565
 City State Zip Code
 Telephone No. (228) 217-6353

Well Location

Latitude: 30-28-70Z Longitude: 88-41-364
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
SE 1/4 SW 1/4 Sec 33 T 75 R 7W
 Distance Direction Nearest Town
3 Miles north of Quarter, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-18-09
 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: 2
 Setting Depth: 80 ft line feet
 Number of Stages: 3

Pump Test Data

Date Well Tested: 11-18-09
 Static Water Level (A): 3 Feet Below Land Surface
 Pumping Water Level (B): 80 Feet Below Land Surface
 Drawdown [(B) - (A)]: 3 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 Pien 0-780 Joel Pien
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 RECEIVED DEC 17 2009
 Form: OLWR-SWR-1B (04/08)