

State Well Report

Part I

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: Lyman Well
Date drilling completed: 5/19/08

For Office Use Only:
Aquifer: _____
Well #: N-1035
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>Savannah Pines LLC</u> Mailing Address: <u>12250 Walker Rd</u> <u>Ocean Springs MS 39564</u> City State Zip Code Telephone No. <u>(601)-441-0241</u>	Latitude: <u>30° 27' 13"</u> Longitude: <u>88° 48' 41"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec <u>8</u> Twn <u>7S</u> Rng <u>8W</u> Distance Direction Nearest Town Miles of

Well Data

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

Date well drilling started: 5/19/08 Date well drilling completed: 5/27/08

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

Static Water Level: 22' feet above or below (circle one) land surface Date measured: 5/28/08

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

Hole depth: 1224' Well depth: 1185' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1085 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 100 feet Screen diameter: 4 inches Type of screen: S&W

Screen slot size: .008 inches Setting depth: From 1085 feet to 1185 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): MDEQ

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.

Josh Hadner 0-640
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

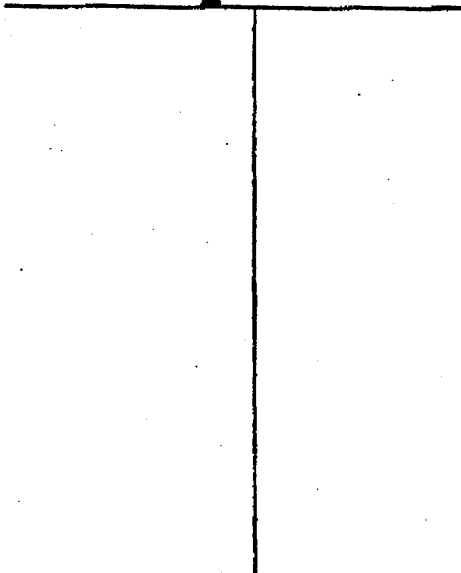
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N-1035

The sketch below only intended for water wells

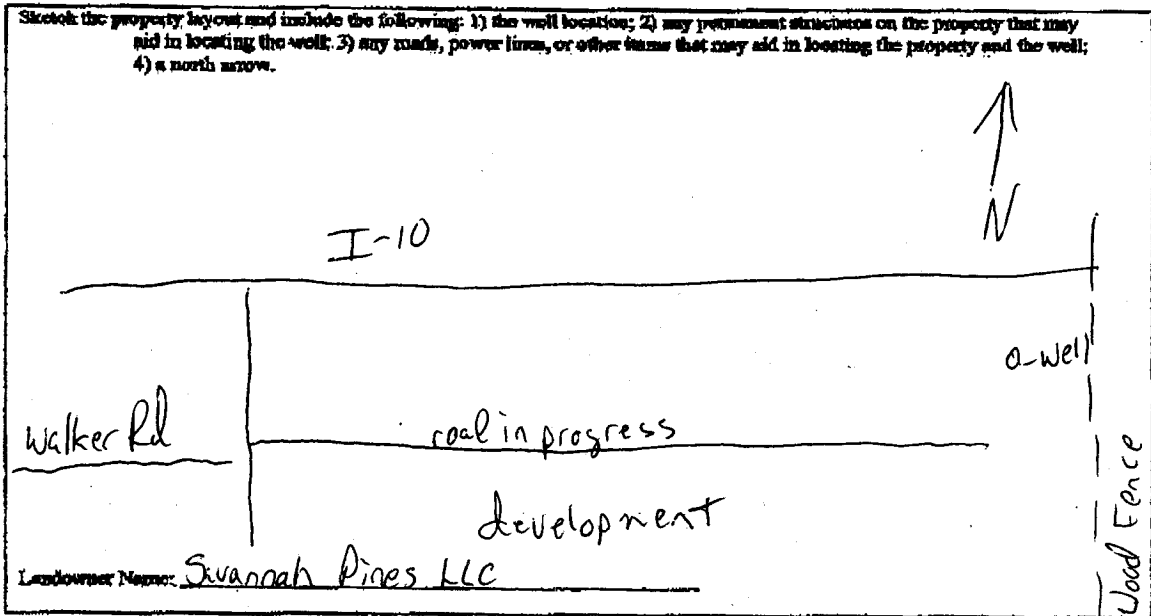
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch, Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	200
Clay	200	380
Sand	380	450
Clay	450	600
sand	600	820
Clay	820	1080
Sand	1080	1224

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.

Josh Hadner 0640 6/15/08

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT

County: Jackson
 Permit #: _____
 Driller: Lyman Well
 Date completed: 6/4/08

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)

For Office Use Only:

Aquifer: _____
 Well #: N-1035
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

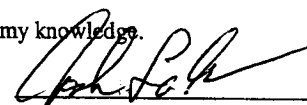
Well Owner Information	Well Location
Owner Name: <u>Savannah Pines LLC</u>	Latitude: <u>30 27 13</u> Longitude: <u>88 48 44</u>
Mailing Address: <u>12250 Walker Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ocean Springs MS 39564</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>7S</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 441-0241</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>6/4/08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/29/08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>22</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>119</u> GPM with a drawdown of
Test Pumping Rate: <u>119</u> Gallons Per Minute	<u>24</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.

Josh Ladner 0-640
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 BY: OLWR