

County: Lamar
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-14-08

State Well Report
Part 1 - Driller's Log
 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 #: E-290
 E. 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)
 Owner Name: Joe Fokakis
 Mailing Address: 23 Pirate Dr.
Hattiesburg MS 39402
 City State Zip Code
 Telephone No. 601 606-3930

Well or Borehole Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 _____ % _____ % Sec 19 Twp 4N Rng 14W
 Distance _____ Direction _____ Nearest Town _____
4 Miles W of Hattiesburg

Well/Borehole Data
 Date drilling started: 5-14-08 Date drilling completed: 5-14-08 Hole depth: 70 Hole diameter: 8
 Location of the source of any surface water used for drilling: Community water
 Method of dosing and volume of Chlorine used in drilling and development: 2lb 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: 40 feet above or below (circle one) land surface Date measured: 5-14-08
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 50 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Sealing depth: From 50 feet to 70 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 (04/03)

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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)

County: Lamar
Permit #: _____
Driller: JAMES WELLS
5-14-08

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: E-290
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>Joe Fokakis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23 Pirate Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hattiesburg MS 39402</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> _____ <u>1/4</u> Sec <u>19</u> T <u>4N</u> R <u>14W</u>
Telephone No: <u>601-606-3930</u>	DIRECTION: <u>4</u> miles <u>W</u> of <u>Hattiesburg</u>

Pump Type Circle one	Pump Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ _____ _____
Commingled: _____	_____
Other (specify): _____	_____
Date Pump Installed: <u>5-14-08</u>	Static Pump Rating of Motor: <u>1 1/2</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Setting Depth: <u>65</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-14-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>48</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>8</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.

JAMES WELLS 0586 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FORM OLWR-001-10 (04/08)

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