

State Well Report

Part 1

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: PEARL RIVER
 Permit #: _____
 Driller: ROBERT NECAISE
 Date drilling completed: 12-16-04

109

For Office Use Only:
 Aquifer: _____
 Well #: F-72
 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>Dr. Sangani</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>100 Edna Branch Rd.</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Poplarville, MS</u> | <u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>15</u> Rng <u>16W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(228) 864-2142</u> | _____ Miles _____ of _____ |

Well Data

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

Date well drilling started: 12-12-04 Date well drilling completed: 12-16-04

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

Static Water Level: 101 feet above or below (circle one) land surface Date measured: 12-16-04

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

Hole depth: 320 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 300 feet to 320 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: 200 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): _____

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.

ROBERT NECAISE 0660
 Print Name of Water Well Contractor and License No.

Robert A. [Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level F- 72

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| W MUD | 0 | 30 |
| BL CLAY | 30 | 75 |
| FINE SAND | 75 | 85 |
| BL CLAY | 85 | 210 |
| SAND | 210 | 220 |
| B CLAY | 220 | 245 |
| SAND | 245 | 250 |
| B CLAY | 250 | 280 |
| SAND | 280 | 320 |
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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) indicate direction.

Landowner Name: Dr. SANBANI

Rohel
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: F-72

Elevation: _____

County: PEARL RIVER
 Permit #: _____
 Driller: ROBERT NECAISE
 Date completed: 12-16-04

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>DR SANGHVI</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>100 Edna Branch Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Poplarville, MS</u> | _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(228) 864-2142</u> | _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---------------------------------------------------|-------------------------------------------|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>12-17-04</u> | Setting Depth: <u>130</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>101</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>130</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>29</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>114</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Robert Necaise 0060
 Print Name of Pump Installer and License No. (if applicable)

Robert Necaise 0060
 Signature of Pump Installer

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JAN 19 2005

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