

### 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-49  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Pearl River  
 Permit #: 0-652  
 Driller: R Mason  
 Date drilling completed: 4/18/07

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>John Main</u>	Latitude: <u>30° 87' 0" N</u> Longitude: <u>89° 37' 9" W</u>
Mailing Address: <u>96 McKinley Ln</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lumberton, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39455</u>	<u>NW 1/4 SE 1/4 Sec 15 Twn 25 Rng 14W</u>
City State Zip Code	Distance _____ Direction _____ of <u>Forestburg</u>
Telephone No. <u>(601) 606-8458</u>	Miles _____ of _____

**Well Data**

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

Date well drilling started: 4/17/07 Date well drilling completed: 4/18/07

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4/18/07

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 13 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 280 feet Screen diameter: 4x2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 270 feet to 280 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: N/A 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.

Ronald D. Mason Print Name of Water Well Contractor and License No. Ronald D. Mason Signature of Water Well Contractor

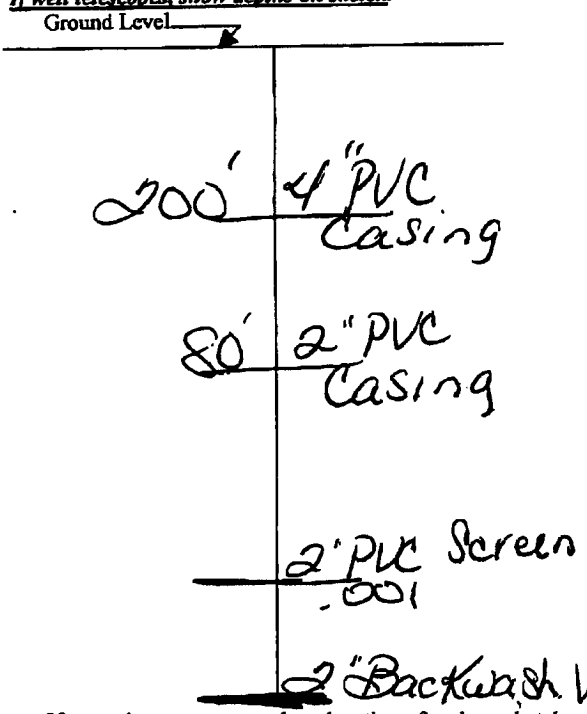
270  
10

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H-49

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)	To (depth)
	Ground Level	
TOP Soil	0	3
Red Sandy Clay	3	15
Soft Blue clay	15	20
Hard Blue Clay	20	25
Course Sand	25	110
Hard Blue Cl.	110	180
Fine H <sub>2</sub> O San	180	210
Good H <sub>2</sub> O Sand	210	280

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.

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Landowner Name: \_\_\_\_\_

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.

Ronald D Mason 0-652  
Print Name of Responsible Licensee and License No.

Date

Ronald D Mason  
Signature of Licensee

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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)

County: Pearl River  
 Permit #: D-653  
 Driller: R. Mason  
 Date completed: 4/18/07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-49  
 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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>John Main</u>          Mailing Address: <u>964 Kinley Ln</u>  <u>Lumberton MS</u>  <u>39455</u>          City State Zip Code          Telephone No. <u>601. 606. 8456</u></p>	<p><b>Well Location</b></p> <p>Latitude: <u>30.8710N</u> Longitude: <u>89.3791W</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____          Distance _____ Direction _____ Nearest Town _____          _____ Miles _____ of <u>Natchburg</u></p>
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<p><b>Pump Type</b> Circle one</p> <p>Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible          Bucket Piston <input type="radio"/> Turbine <input type="radio"/>          Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>          Other (specify): _____          Date Pump Installed: <u>4/18/07</u>          Rated Pump Capacity: <u>15</u> Gallons Per Minute</p>	<p><b>Power Type</b> Circle one</p> <p>Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>          Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>          Windmill <input type="radio"/> Other (specify): _____          Horse Power Rating of Motor: <u>1</u>          Setting Depth: <u>80</u> feet          Number of Stages: <u>14</u></p>
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<p><b>Pump Test Data</b></p> <p>Date Well Tested: <u>4/18/07</u>          Static Water Level (A): <u>60</u> Feet Below Land Surface          Pumping Water Level (B): <u>60</u> Feet Below Land Surface          Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface          Test Pumping Rate: <u>15</u> Gallons Per Minute          Duration of Pump Test (minimum 4 hours): <u>2 1/2</u> hours</p>	<p><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>          Other (specify): <u>Plumb Bob</u>          For flowing well, measured shut in head: <u>N/A</u> feet          Well yielded <u>15</u> GPM with a drawdown of  <u>0</u> feet after <u>2 1/2</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
 Signature of Pump Installer: Ronald P. Mason

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