

State Well Report

Part 1 - Driller's Log

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 #: 0-519
Driller: SOCKR BURKE
Date drilling completed: 8/8/06

For Office Use Only:
Aquifer: _____
Well #: Q-58
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>VINCENT BALSAMO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HICKORY NUT RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PICAYUNE MS, 39464</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>4S</u> Rng <u>18W</u>
Telephone No. (____) <u>985-502-2873</u>	Distance _____ Miles Direction <u>NORTH</u> of <u>PICAYUNE WEST</u> Nearest Town _____

Well / Borehole Data

Date drilling started: 8/7/06 Date drilling completed: 8/8/06 Hole depth: 250' Hole diameter: 2

Location of the source of any surface water used for drilling: WELL WATER FROM 6' WELL IN WATER TANK

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 17 feet above or below (circle one) land surface Date measured: 8/8/06

Method of Measurement (circle one) steel tape electric tape air line other: STRING + WEIGHT

Well depth: 250 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: SLOT

Screen slot size: #12 inches Setting depth: From 240 feet to 250 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

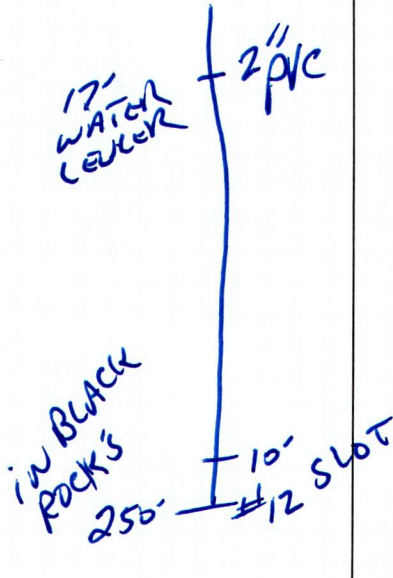
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Q-58

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

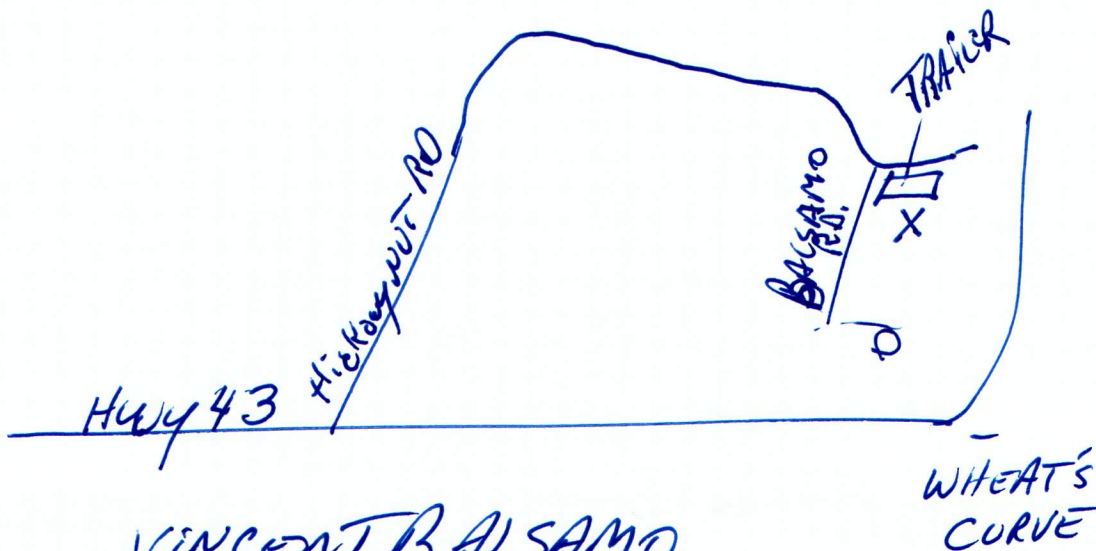


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
BLACK. RT	0	10
WH. TE CLAY	10	20
CLAYSANDY WHITE SAND	20	35
WH. TE CLAY	35	50
ROCKS & SAND	50	60
GRAY CLAY	60	75
BLUE CLAY	75	80
SAND	80	210
SAND + ROCK	210	230
BLACK ROCK'S	230	240
	240	250

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: VINCENT BALSAMO

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.

JECK R BURGE 0519 8/8/06

Print Name of Responsible Licensee and License No.

Date

Jeck R. Burge
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 #: 0-519
 Driller: SOCKR BURGE
 Date completed: 8/8/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-58
 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>VINCENT BALSAMO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HICKORY NUT RD</u> <u>Highway 43</u> <u>PEARL RIVER MS 39466</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____ ____ ¼ ____ ¼ Sec ____ T ____ R ____
Telephone No. (____) <u>985-502-2873</u>	Distance Direction Nearest Town ____ Miles ____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 HP 2 STAGE</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8/8/06</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>STRING + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>AIR LIFT</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

SOCKR BURGE 0-519 Signature of Pump Installer
 Print Name of Pump Installer and License No. (if applicable)

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