

County: PEARL RIVER
 Permit #: 0519
 Driller: JOCK R. BURGE
 Date drilling completed: 5/17/06

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)

For Office Use Only:
 Aquifer: _____
 Well #: Q-69
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>GILL LAND SALES</u> Mailing Address: <u>2631 Hwy 435</u> <u>PICAYUNE MS 39466</u> City State Zip Code Telephone No. <u>(601) 788-5213</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30.514240</u> Longitude: <u>89.625212</u></p> <p>Method of Lat/Long (circle one): Conventional Survey,</p> <p>USGS quad, Hand-held GPS, Survey-grade GPS <u>NW NW 20 6S 16W</u> <u>1/4 1/4 Sec 39 Twn 16Rng 18</u></p> <p>Distance Direction Nearest Town <u>12 Miles South of Picayune MS</u></p>
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Well / Borehole Data

Date drilling started: 5/12/06 Date drilling completed: 5/17/06 Hole depth: 52 Hole diameter: 2

Location of the source of any surface water used for drilling: from my Home WELL
 Method of dosing and volume of Chlorine used in drilling and development: 2 GAL IN WATER TANK

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: 12 feet above or below (circle one) land surface Date measured: 5/17/06

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

Well depth: 52 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 52 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 120 inches Setting depth: From 42 feet to 52 feet

Type of completion (circle all applicable): Gravel packed Underreamed _____ Telescoped _____ Open hole _____ Natural Development

Other (describe): AIR COMPRESSOR TO CLEANOUT

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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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 #: 0519
 Driller: JOCK R BERGE
 Date completed: 5/17/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: φ 69
 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>GILL+ASSOC. LAND DEVELOPERS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HWY 43 N. PICAYUNE MS.</u> <u>2631 HWY 43 S</u> <u>PICAYUNE MS. 39464</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>39</u> T <u>45</u> R <u>18 W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 728-5213</u>	<u>12</u> Miles <u>SOUTH</u> of <u>PICAYUNE</u> <u>OFF HWY 43</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
<u>Centrifugal</u> <input checked="" type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>5/17/04</u>	Setting Depth: <u>25</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/17/04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): <u>STRUNG WITH WEIGHT</u>
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours	

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 _____