

County: PEARL RIVER
 Permit #: 0519
 Driller: SOCK R. BURGE
 Date drilling completed: 10/8/06

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 #: I-93
 L. S. Elevation: 1178
 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)	Well or Borehole Location
Owner Name: <u>REGINA SMITH</u>	Latitude: <u>30° 35.07'</u> Longitude: <u>89° 44.51'</u>
Mailing Address: <u>25 ALADDIN LANE</u>	Method of Lat/Long (circle one): Conventional Survey, <u>TWN-5-5</u>
<u>PICAYUNE MS 39466</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>30</u> 1/4 <u>35</u> 1/4 Sec <u>30</u> Twn <u>9S</u> Rng <u>17W</u>
Telephone No. <u>(601) 441-4214</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>NORTH</u> of <u>PICAYUNE MS.</u>

Well / Borehole Data

Date drilling started: 10/3/04 Date drilling completed: 10/9/04 Hole depth: 265 Hole diameter: 3 1/4

Location of the source of any surface water used for drilling: WATER COMES FROM WELL

Method of dosing and volume of Chlorine used in drilling and development: CHLORIN IN 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) 14" TO WATER

Static Water Level: 14' feet above or below (circle one) land surface Date measured: 10/9/04

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

Well depth: 265 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 255 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 255 feet to 265 feet

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

Other (describe): AIR HOSE

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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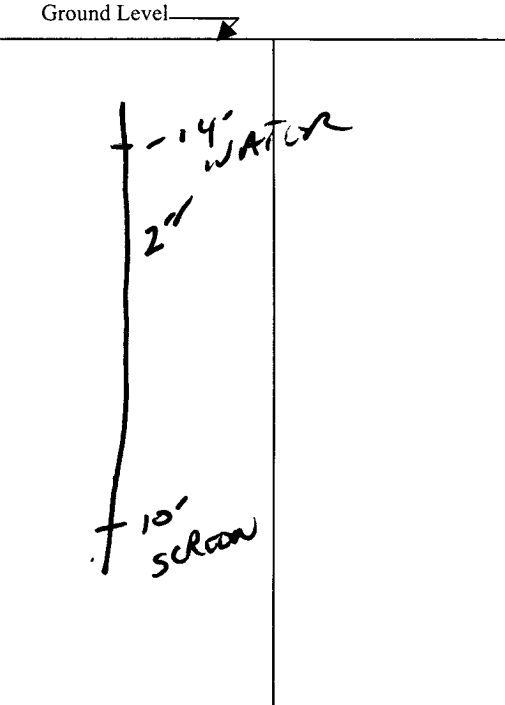
REGINA SMITH

I-93
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The sketch below only required for water wells

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

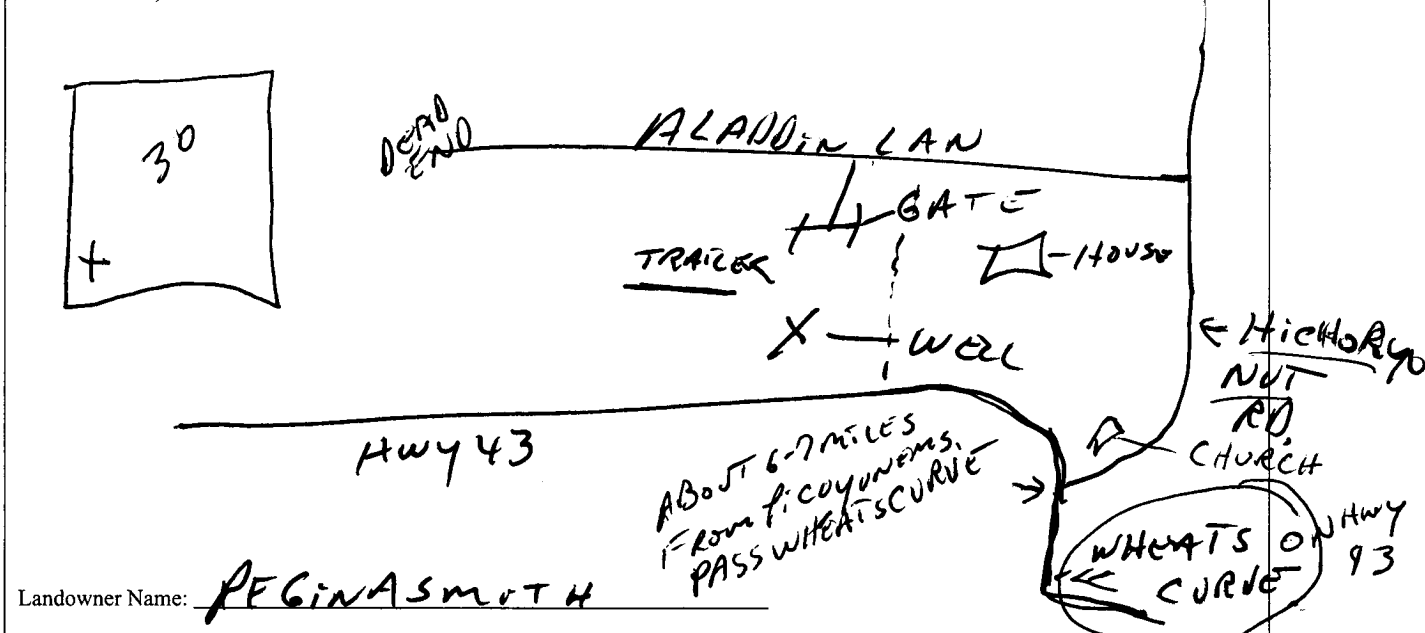
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
BLACKDIRT	0	15
REDCLAY	15	25
SAND	25	45
ROCK	45	65
BLUE CLAY	65	85
WHITE CLAY	85	105
BLUE CLAY	105	205
SAND	205	265

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.



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.

Print Name of Responsible Licensee and License No. JOCK R. BURGE Date 11/11/04 Signature of Licensee [Signature]

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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 BURN
 Date completed: 10/8/04
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: T-93
 Elevation: 4

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>REGINA SMITH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>25 ALABAMA LANE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PRAYON, MS.</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City: <u>39466</u> State: _____ Zip Code: _____	<u>30</u> ¹ / ₄ <u>35</u> ¹ / ₄ Sec. <u>30</u> T. <u>5-S</u> R. <u>18W</u>
Telephone No. <u>(601) 461-2714</u>	Distance _____ Direction _____ Nearest Town <u>17W</u>
	<u>2</u> Miles <u>19.60</u> of <u>NORTH PICAYUNE</u>
	<u>OFF HWY 43</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	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"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): <u>MSE</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10/9/04</u>	Setting Depth: <u>60'</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: <u>10/9/04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>14'</u> Feet Below Land Surface	Other (specify): <u>STRING</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>10</u> Gallons Per Minute	
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.

JOCK R BURN Print Name of Pump Installer and License No. (if applicable) JOCK R BURN Signature of Pump Installer

Form: OLWR-SWR-1B
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