

County: Pearl River
 Permit #: _____
 Driller: 0-795
 Date drilling completed: 10-16-12

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 #: U181
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mike Rozier Construction</u>	Latitude: <u>30° 34' 26.49"</u> Longitude: <u>89° 44' 42.70"</u>
Mailing Address: <u>Hay 43 North</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Pearl River</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
<u>Picayune MS. 39466</u>	<u>NW 14 NW 31</u> Sec <u>31</u> Twn <u>5S</u> Rng <u>17W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of _____
Telephone No. (____) <u>Ø</u>	Nearest Town _____

Well / Borehole Data

Date drilling started: 10-16 Date drilling completed: 10-16 Hole depth: 80 Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 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 20 feet above or below (circle one) land surface Date measured: 10-16-12

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

Well depth: 80' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 60 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 60 feet to 80 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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10621
 Jackson, MS 39289-0621
 (601)961-5210
 (601)354-6953 (fax)

County: Pearl River
 Permit # _____
 Driller: 0-785
 Date completed: 10-12-12
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: U181
 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

Owner Name: Mike Rozier Const.
 Mailing Address: Hwy 43 North
Pearl River
Picayune Ms. 39466
 City State Zip Code
 Telephone No. () Ø

Well Location

Latitude: 30° 34' 26.49" Longitude: 89° 44' 42.30"
 Method of Lat Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
NW 14 NW 14 Sec 31 T 5S R 17W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1.5</u>		
Date Pump Installed: <u>10-12-12</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>22</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-12-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVEN WAGNON 0-785
 Print Name of Pump Installer and License No. (if applicable)

Malven Wagon
 Signature of Pump Installer

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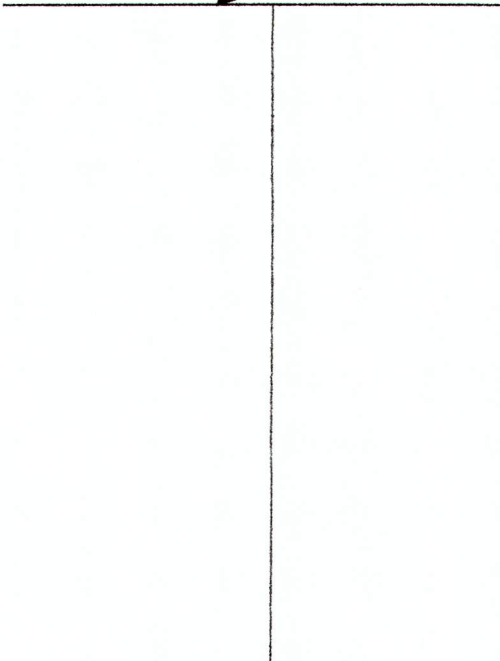
Form: OLWR-SWR-1B

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.

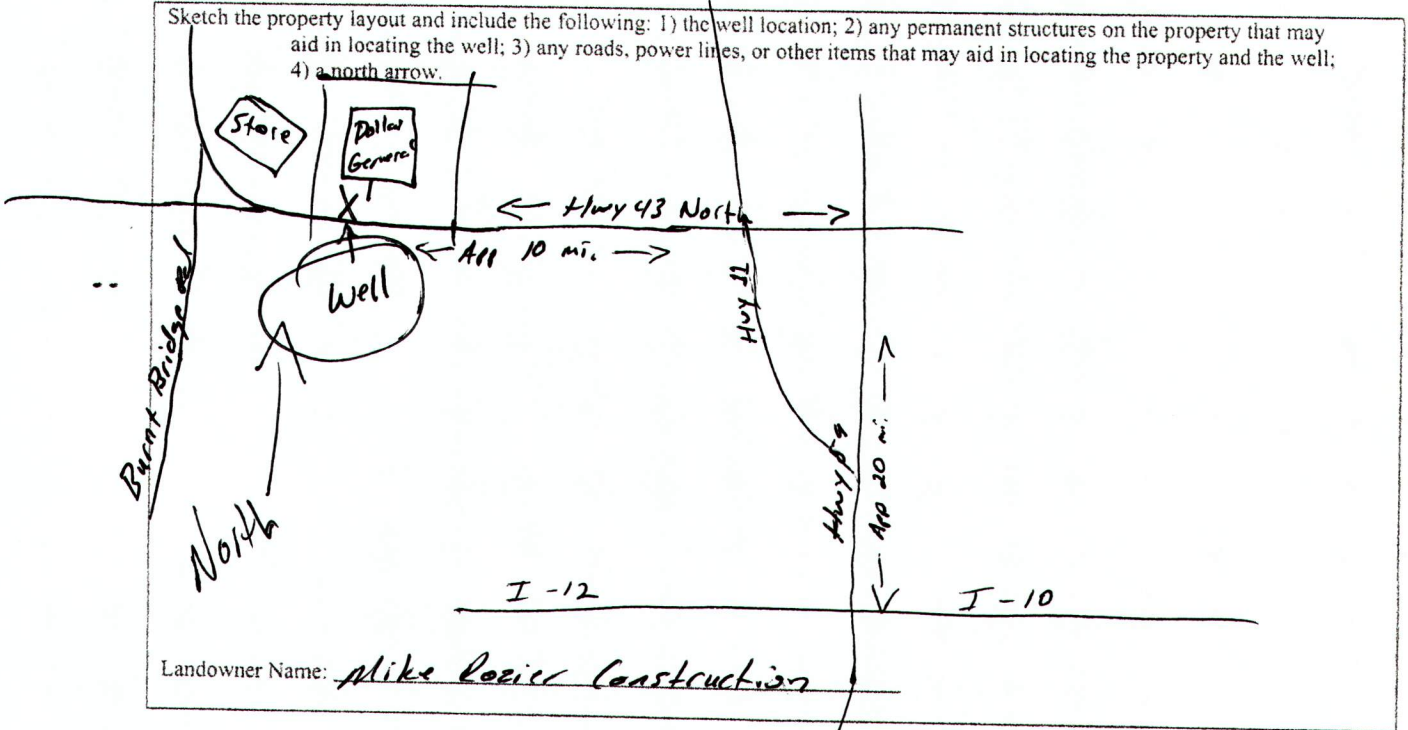
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	20
Clay	20	55
Sand	55	80

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: Mike Rizer Construction

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.

MALVIN WAGNON 0-795 10-16-12
 Print Name of Responsible Licensee and License No. Date

Malv Wagon
 Signature of Licensee

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