

County: PEARL RIVER
 Permit #: 0519
 Driller: JACK R BURG
 Date drilling completed: 10/30/07

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 #: X-176
 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>JIMMY MAYO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>125 INTRICKWOOD RD, PICAYUNE MS. 39466</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>30 1/4 30 1/4 Sec 6 Twn 6-5 Rng 16-W</u>
Telephone No. <u>(601) 749-0361</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles EAST of Picayune MS.</u>

Well / Borehole Data

Date drilling started: 10/20/07 Date drilling completed: 10/20/07 Hole depth: 165 Hole diameter: 3 1/2

Location of the source of any surface water used for drilling: WELL AT JIMMY MAYO'S #1 HOUSE
 Method of dosing and volume of Chlorine used in drilling and development: 2.900 BLOCK

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: 43' feet above or below (circle one) land surface Date measured: 10/30/07

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

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

Casing length: 155 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: #10 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

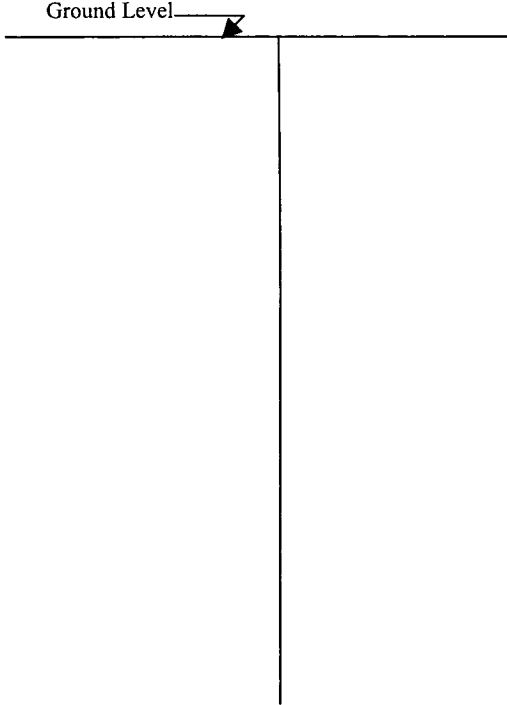
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Jimmy Mayo

X-176

The sketch below only required for water wells

If well telescopes, show depths on sketch.

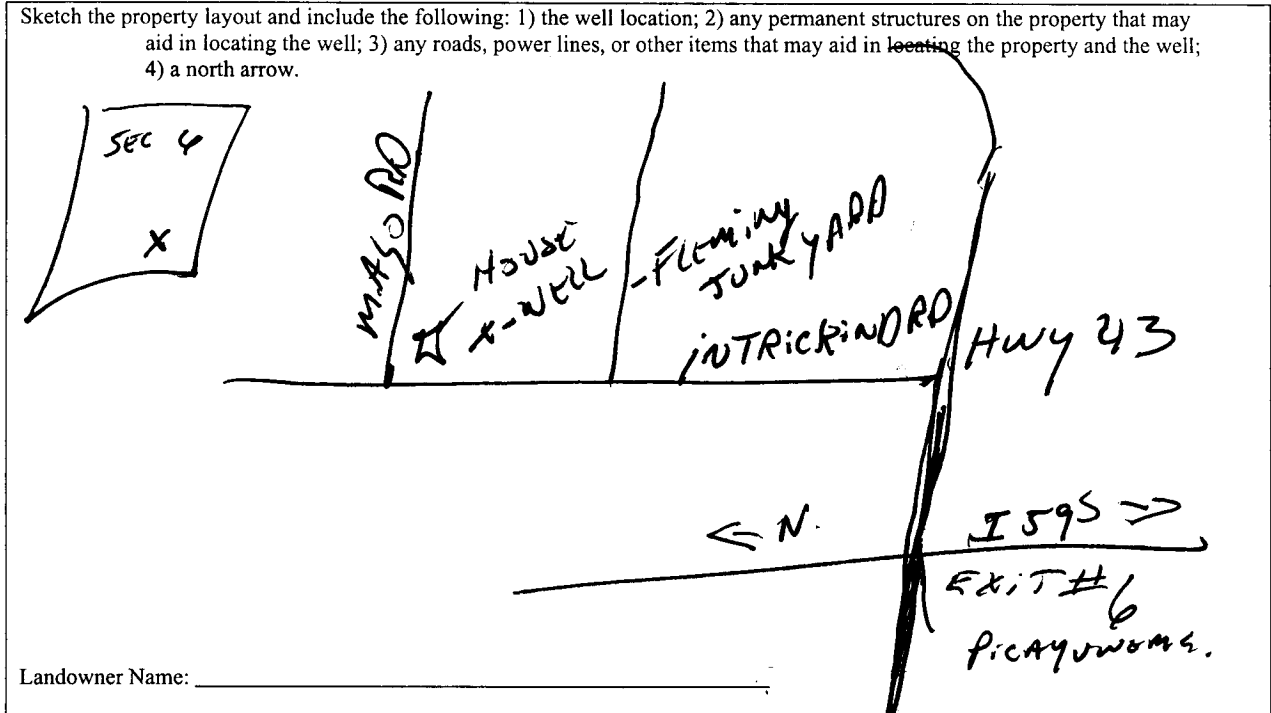


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
BLACK DIRT	0	5'
WHITE CLAY	15	20
SAND	30	80
ROCK	60	80
BLUE CLAY	80	120
FINE SAND	120	140
WHITE CLAY	140	165
BLUE CLAY	165	180
SAND	150	165

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: _____

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.

John R. Burge
Print Name of Responsible Licensee and License No.

11/11/06
Date

John 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 #: 0519
 Driller: JOCK R BURGE
 Date completed: 11/19/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: X-176
 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>Jimmy Mayo</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>125 INTRICK ROAD</u> <u>PICAYUNE MS.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: <u>MS</u> Zip Code: <u>39466</u>	<u>30</u> 1/4 <u>30</u> 1/4 Sec <u>6</u> T <u>6-S</u> R <u>16-W</u> <u>16-W</u>
Telephone No. <u>(601) 749-0361</u>	Distance _____ Direction _____ Nearest Town _____ <u>1/2</u> Miles <u>EAST</u> of <u>PICAYUNE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>None</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11/19/06</u>	Setting Depth: <u>65</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>11-19-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>43</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>12</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

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

Jimmy Mayo installed his tank we installed pump to check well out

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