

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 #:
Driller: O-785
Date drilling completed: 2-8-10

For Office Use Only:
Aquifer: X 179
Well #:
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)
Owner Name: Mike Rozier Construction
Mailing Address: Hwy 43, Picayune, MS, 39446
Well or Borehole Location
Latitude: 30° 30.952' Longitude: 89° 28.022'
Method of Lat/Long: Conventional Survey
USGS quad: NE 1/4 NE 1/4 Sec 19, Twn 65, Rng 16W

Well / Borehole Data
Date drilling started: 2-8 Date drilling completed: 2-8 Hole depth: 300' 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
Purpose of borehole (check one): Water Well
Purpose of Well (check one): Home
Static Water Level: 25 feet above or below land surface Date measured: 2-8-10
Method of Measurement (circle one): steel tape
Well depth: 300' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement
Casing length: 280' feet Casing diameter: 3" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 280 feet to 300 feet
Type of completion (circle all applicable): Natural Development

Form OLWR-SWR-1A
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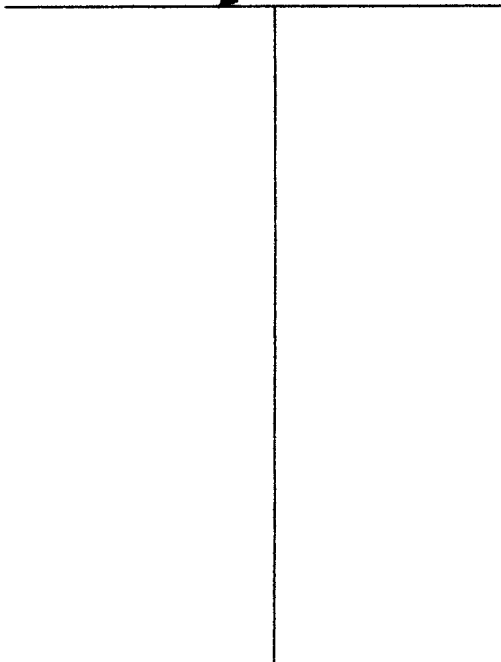
X 179

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

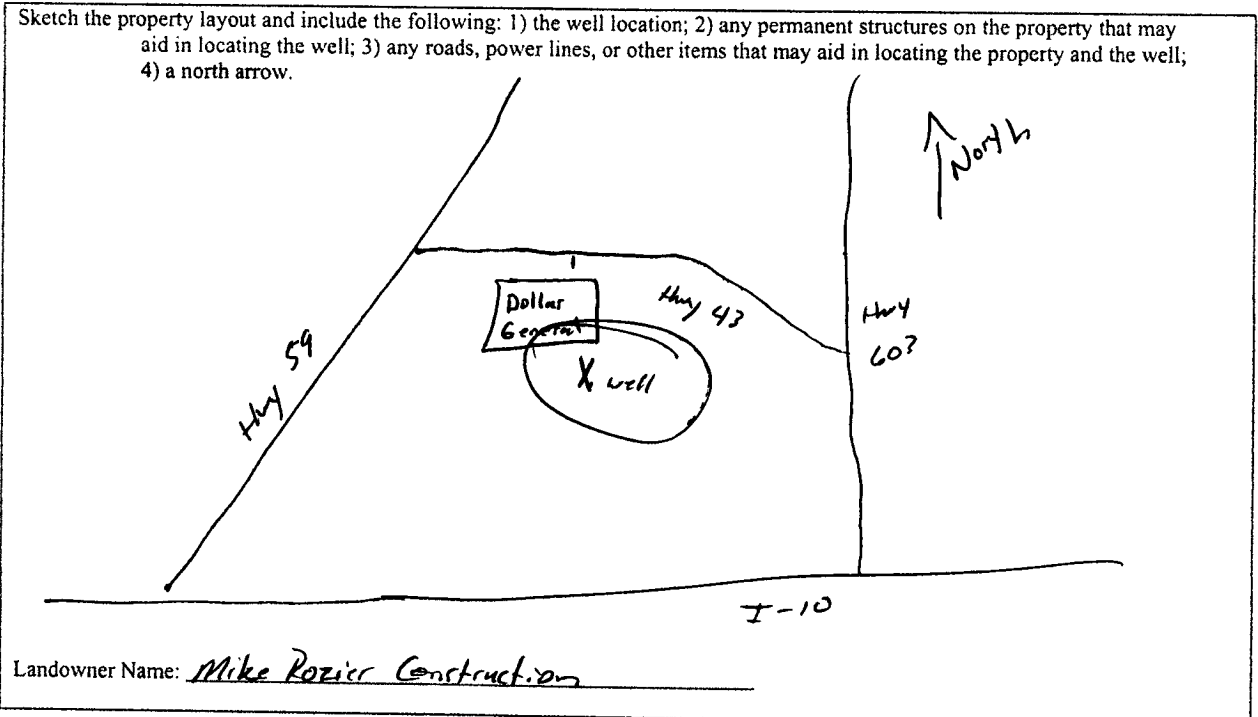
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	35
Clay	35	220
Sand	220	235
Clay	235	275
Sand	275	300

If more than one screen, show location of each on sketch



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 0-785 2-8-10
Print Name of Responsible Licensee and License No. Date

Malvin Wagon
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 #: _____
 Driller: 0-785
 Date completed: 2-9-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: X 179
 Well #: _____
 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>Mike Rozic Construction</u>	Latitude: <u>30° 30.952'</u> Longitude: <u>89° 38.022'</u>
Mailing Address: _____ <u>Hwy 43</u>	Method of Lat Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Piayune MS 39446</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____ <u>Ø</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> 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>2-9-10</u>	Setting Depth: <u>80</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>2-9-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</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.

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

Melvin Wagne
 Signature of Pump Installer

Form: OLWR-SWR-1B

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 MAR 09 2010
 BY: OLWR