

County: STONE
 Permit #: _____
 Driller: Cl Harrington
 Date drilling completed: 8/28/14

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E44
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Marlin Ladner</u> Mailing Address: <u>Hubert Bond Rd</u> <u>Perkinston MS 39573</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30° 44' 57"</u> Longitude: <u>89° 17' 29"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 33 Twn 35 Rng 13W</u> Distance Direction Nearest Town <u>9</u> Miles <u>W</u> of <u>Perkinston</u></p>
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Well / Borehole Data

Date drilling started: 8/28/14 Date drilling completed: 8/28/14 Hole depth: 70' Hole diameter: 6 7/8"

Location of the source of any surface water used for drilling: NONE
 Method of dosing and volume of Chlorine used in drilling and development: 2 gal / 1250 gal wash water

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: 40' feet above or below (circle one) land surface Date measured: 8/28/14

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

Well depth: 70' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 60' feet to 70' 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*

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: STONE
 Permit #: _____
 Driller: AL Harrington
 Date completed: 8/28/14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E 44
 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>Marlin Sadner</u>	Latitude: <u>30° 44' 57"</u> Longitude: <u>-89° 17' 29"</u>
Mailing Address: <u>Herbert Bond Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkinston MS 39573</u>	<input checked="" type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 33 T 35 R 13W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>9 Miles W of Perkinston</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8/28/14</u>	Setting Depth: <u>68'</u> feet
Rated Pump Capacity: <u>126 GPM</u> Gallons Per Minute	Number of Stages: <u>126 GPM Dub</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>8/28/14</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>40'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>268'</u> 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: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

AL HARRINGTON 0-564 AL Harrington
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer