

MAR-23-05 07:53 FROM-LAND & WATER

601-354-6938

T-687 P.01 F-155

County: Stippah
 Permit #: _____
 Driller: Frost
 Date drilling completed: 5/23/07

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A-39
 L. S. Elevation: _____
 B-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: <u>Christian Botvity</u> Mailing Address: <u>2070 CR 13</u> <u>Walton</u> <u>MS</u> <u>38683</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS _____ N _____ W Sec <u>23</u> Twp <u>1S</u> Rng <u>3E</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>July</u> <u>72</u>	
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Well / Borehole Data
 Date drilling started: 5/22/07 Date drilling completed: 5/23/07 Hole depth: 210' Hole diameter: 4"
 Location of the source of any surface water used for drilling: none
 Method of dosing and volume of Chlorine used in drilling and development: none
 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: Church Camp
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 132 feet above or below (circle one) land surface Date measured: 5/23/07
 Method of Measurement (circle one) steel tape electric tape air line other: PVC Tape
 Well depth: 210 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Remonite Mix
 Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 013 inches Setting depth: From 200 feet to 210 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*

MAR-29-05 07:53

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601-954-6936

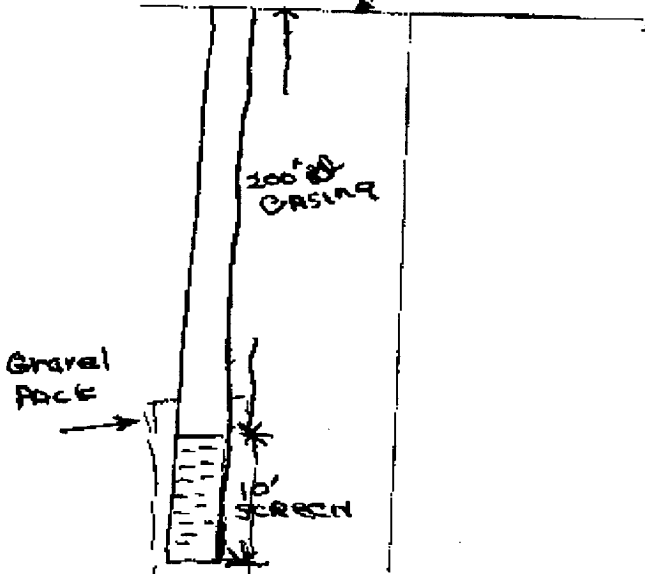
T-097 P.32 F-155

A-39

The sketch below only required for water wells

If well categories show depths on sketch

Ground Level



If more than one screen, show location of each 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)
White Clay	Ground Level	25
Blue Clay	25	65
Gravel	65	67
Blue Clay	67	135
Gravel	135	138
Blue Clay	138	162
Gravel	162	165
Clay	165	175
Sand	175	210

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.

Prior Name of Responsible Licensee and License No. _____

Date _____

Bernard Frost
Signature of Licensee

MAR-23-05 07:53

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601-354-6938

T-087 P.03 F-155

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: Stippah
 Parish #: _____
 Driller: [Signature]
 Date completed: _____
Copy information from blank for Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A-39
 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>Christian Pelvisky</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2070 CR 113</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Walnut ms 38683</u> City State Zip Code	1/4 1/4 Sec. <u>23 T 15 R 3E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Hubert, MS</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1.5</u> Setting Depth: <u>180</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/5/07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>PVC</u>
Static Water Level (A): <u>132</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: <u>20</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

[Signature] Print Name of Pump Installer and License No. (if applicable)
[Signature] Signature of Pump Installer