

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: Washington
 Permit #: M5-GW 16383
 Driller: Ratliff
 Date drilling completed: 8-15-07

For Office Use Only:
 Aquifer: _____
 Well #: G-329
 I. 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Harlow Casino</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>64 Levee Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenville MS 38701</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>7</u> Twn <u>17N</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance <u>8</u> Miles Direction <u>S</u> of Nearest Town <u>Greenville</u>

Well / Borehole Data

Date drilling started: 6-11-07 Date drilling completed: 8-15-07 Hole depth: 460' Hole diameter: 16"

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): Miss Geo Survey

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: 52' feet above or below (circle one) land surface Date measured: 8-17-07

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

Well depth: 390 Well grouted to a depth of 370 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 370 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 6" inches Type of screen: Stainless Steel

Screen slot size: 1/80 inches Setting depth: From 370 feet to 390 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*

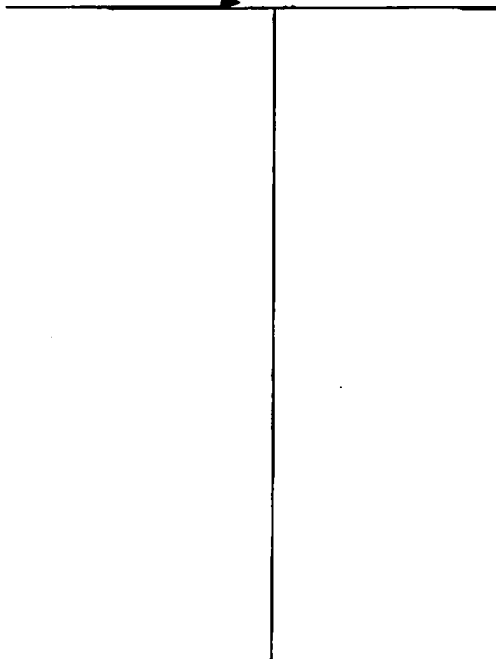
G-329

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.

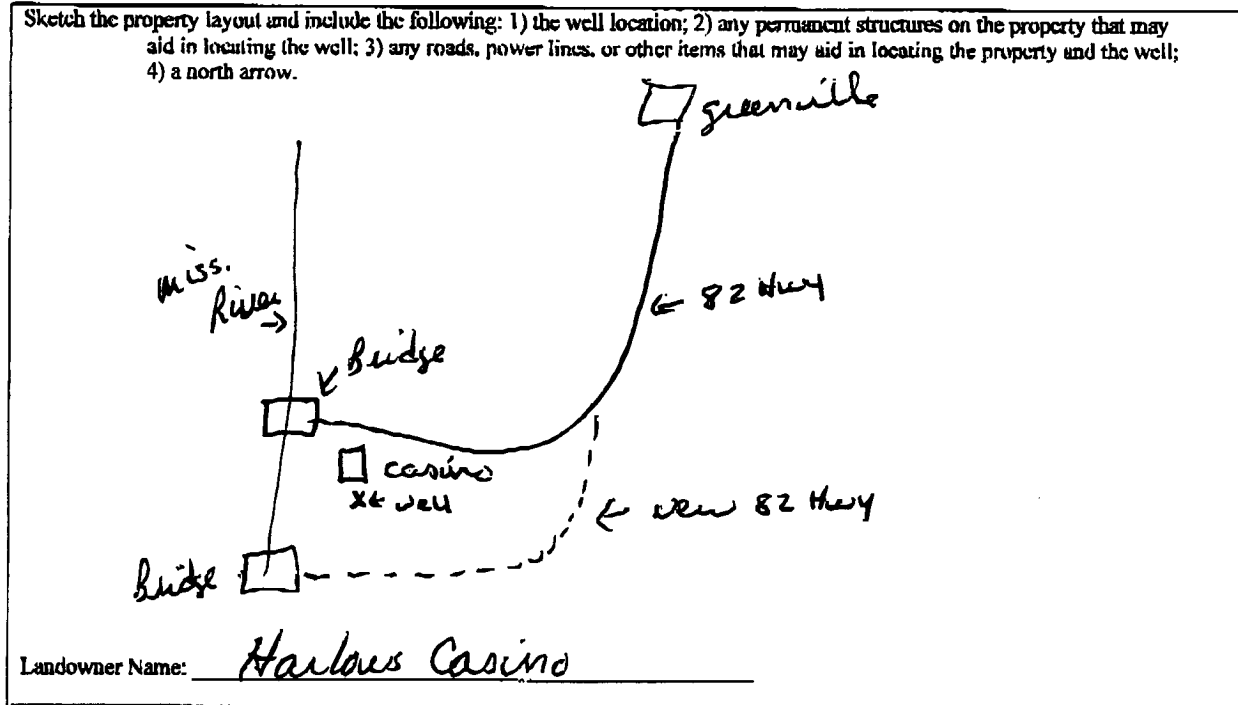
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
sand/clay	20	80
sand	80	120
gravel	120	140
clay/lignite	140	180
clay/sand	180	300
clay	300	320
clay/sand	320	340
clay	340	370
sand	370	440
clay/lignite/sand	440	460

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.



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.

Robert RATH, Ft 0-002 8-21-07 Robert Rath

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Washington
 Permit #: MS-GW 16383
 Driller: Robert Liff
 Date completed: 8-21-07
 Copy Information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G-~~16383~~ 329
 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>Harlow Carino</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>64 Levee Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville MS 38701</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>7 T 17N R 9W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8 Miles S of Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15hp</u>
Date Pump Installed: <u>8-20-07</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-17-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>52</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>97</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>45</u> Feet Below Land Surface	Well yielded <u>245</u> GPM with a drawdown of
Test Pumping Rate: <u>245</u> Gallons Per Minute	<u>45</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Robert Rattiff 0-002 Robert Rattiff
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer