

State Well Report

Part 1

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 #: J-71
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 10-30-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Pita Holden</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5317 Parker Rd</u> <u>Liberty MS</u> <u>39645</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 9 Twn 3n Rng 5E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>North</u> of Nearest Town: <u>Liberty MS</u>
Telephone No. <u>601, 660-1170</u>	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: _____ Date well drilling completed: 10-30-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 70 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: _____
Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 120 feet to 140 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 back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JAMES WELLS 0-586
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

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EX-0111

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)

For Office Use Only:

Aquifer: _____
 Well #: J-21
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 10-30-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Rita Holden</u> Mailing Address: <u>5317 Parker Rd</u> <u>601 660 1170 Liberty</u> <u>Liberty</u> <u>MS</u> <u>396 45</u> City State Zip Code Telephone No. (<u>601</u>) <u>660 1170</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>3N</u> Rng <u>5E</u> Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Liberty MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>10-30-07</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-30-07</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>70</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 NOV 30 2007
 BY: OLMAN