

State Well Report

Part I

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 #: F-80
L. S. Elevation: _____
E-log #: _____

County: Cocahona
Permit #: GW40975
Driller: Delta Drilling of America Inc
Date drilling completed: 3-28-06

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>MILL CREEK G.I.N</u>	Latitude: <u>N 34° 19' 22S</u> Longitude: <u>W 090° 32' 35W</u>
Mailing Address: <u>P.O. Box 3-8</u>	Method of Lat/Long (circle one): <u>13</u> Conventional Survey, <u>21</u>
<u>LYON</u> MS <u>39645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 7</u> Twn <u>28N</u> Rng <u>3W</u>
Telephone No. <u>(662) 697-3288</u>	Distance <u>7 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>Cocahona MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Dewatering

Date well drilling started: 3-28-06 Date well drilling completed: 3-28-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 3-29-06

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 59 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 56 feet Screen diameter: 16 inches Type of screen: PVC SLOTTED

Screen slot size: 0050 inches Setting depth: From 59 feet to 115 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: BY: @LWR

Name of organization running log(s): _____

RECEIVED
APR 20 2006
BY: @LWR

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.

ALAN DYLE 0674 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

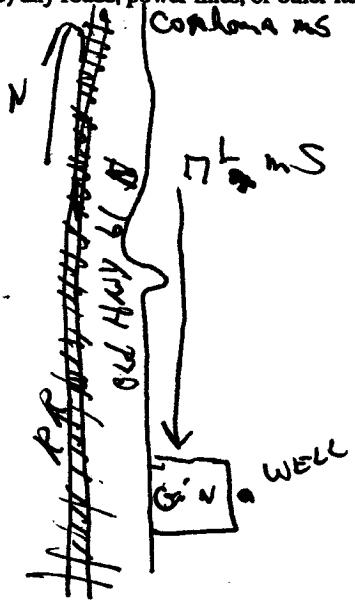
F-80

Ground Level

Description of Formations Encountered	From	To
CLAY + LOAMY CLAY	0	55
Fin Sand	55	65
COARSE SAND	65	85
GRAVEL + ROCK	85	115

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) indicate direction.



RECEIVED
APR 20 2006
BY: OLWR

Landowner Name: MILL CREEK G: N

[Signature]
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Catahoula
 Permit #: _____
 Driller: Delta Drilling Service
 Date completed: 3-29-06

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)354-6935 (fax)

For Office Use Only

Aquifer: _____
 Well #: F-80
 Elevation: _____

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>MILL CREEK GIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 308</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Jay</u> MS <u>39645</u>	<u>NE 1/4 NE 1/4 Sec 7 Twn 28N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 627-3388</u>	<u>1/2 Miles S of COCAHOMA</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>3-29-06</u>	
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>23</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ minutes of pumping
Drawdown ((B) - (A)): _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

RECEIVED
 APR 20 2006
 BY: OLWR

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

Alan Pyle - ALAN PYLE Alan Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer