

County: Coahoma
 Permit: GW 41758
 Driller: David Casady
 Date drilling completed: 3-28-07

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)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: 0169
 Well #: ~~A-135~~
 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>Information on Well Owner <i>(Lundowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Ludwig W. Fisher</u> Mailing Address: <u>P.O. Box 178</u> <u>Rome MS 38768</u> City State Zip Code Telephone No. <u>(602) 345-8315</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34 00 56.9</u> Longitude: <u>90 33 4.0</u> 34 07 05.8 90 32 52.5 Method of Lat/Long (circle one): Conventional Survey <u>52</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS SE 1/4 NW 1/4 Sec: <u>30</u> Twp: <u>25N</u> Rng: <u>4W</u> SE SW 19 25N 03W 3W Distance Direction Nearest Town <u>2 1/2</u> Miles <u>East</u> of <u>Roselandway</u></p>
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Well / Borehole Data

Date drilling started: 3-28-07 Date drilling completed: 3-28-07 Hole depth: 97' Hole diameter: 28"

Location of the source of any surface water used for drilling: FISH POND
 Method of dosing and volume of Chlorine used in drilling and development: 3 LBS CHLORINE

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: 42 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 93' Well grouted to a depth of 10 feet Type of grout (circle one): Great Cement Bentonite Mix

Casing length: 53 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 53 feet to 93 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*

NOTE: Replacement well for GW-09233

Form: OLWR-SWR-1A

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County Cochamo
 Permit # GW 41258
 Driller Scott Hood
 Date completed 3-24-07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: O169
 Well #: ~~N 135~~
 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>Ludwig W. Fisher</u>	Latitude: <u>34 00 56.9</u> Longitude: <u>90 33 4.0</u>
Mailing Address: <u>P.O. Box 178</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Rome</u> <u>MS</u> <u>38768</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 30 25N 4W</u>
Telephone No. <u>(662) 345-8315</u>	SE SW Direction <u>19</u> 25N 03W
	Distance <u>2 1/2</u> Miles <u>East</u> of <u>Highway</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>3/24/07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas B. Chrestman 0-703 Thomas B. Chrestman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-SWR-18

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BY: OLWF