

Howard Drilling Co. State Well Report

County: George
 Permit #: _____
 Driller: Michael S. Howard
 Date drilling completed: 8-24-04

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 #: E-83
 L. S. Elevation: _____
 E-log #: _____

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>Kenneth Davis</u>	Latitude: <u>30° 50: 39.5"</u> Longitude: <u>88° 52: 26.9"</u> <small>24 38</small>
Mailing Address: <u>189 Shots McLeod Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 27 Twn T25 Rng R2W</u> <small>9W</small>
Telephone No. <u>(601) 947-4192</u>	Distance Direction Nearest Town <u>4 Miles SE of Bennedale</u>

Well Data

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

Date well drilling started: 8-18-04 Date well drilling completed: 8-24-04

If flowing, method of flow regulation: Valve 1" Ball PVC Other (describe) _____

Static Water Level: 4 feet above or below (circle one) land surface Date measured: 4-25-04

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

Hole depth: 423 Well depth: 421 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 411 feet Casing diameter: 4x2 inches Type of casing: PVC 540

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 411 feet to 421 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: 78 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): _____

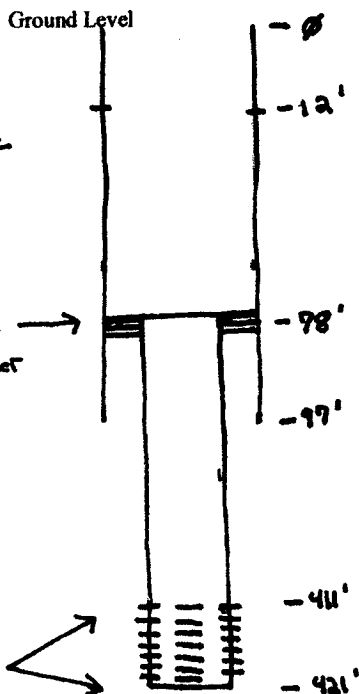
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 SEP 01 2004
 BY: OLWR

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.

Michael S. Howard 0-673 Michael S. Howard
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

E-83



Description of Formations Encountered		From	To
Topsoil	multi	3	0
Sand	l. brown	3	3
gravel	multi	3	12
Clay Blue	Blue	4	15
silt	Blue	3	60
Clay	Blue	5	65
Sand	Blue	3	75
Clay	Blue	3	83
Sand	Blue	3	100
Clay	Blue	5	150
Sand	Blue	3	155
Clay	Blue	6	185
silt	Blue	4	190
Sand	Blue	3	205
silt	Blue	3	209
Sand	Blue	3	212
silt	Blue	4	214
Clay	Blue	5	239
silt	Blue	4	244
Sand	Blue	3	254
silt	Blue	4	260
Clay	Blue	5	285
silt/Sand	Blue	4	295
Clay	Blue	7	300

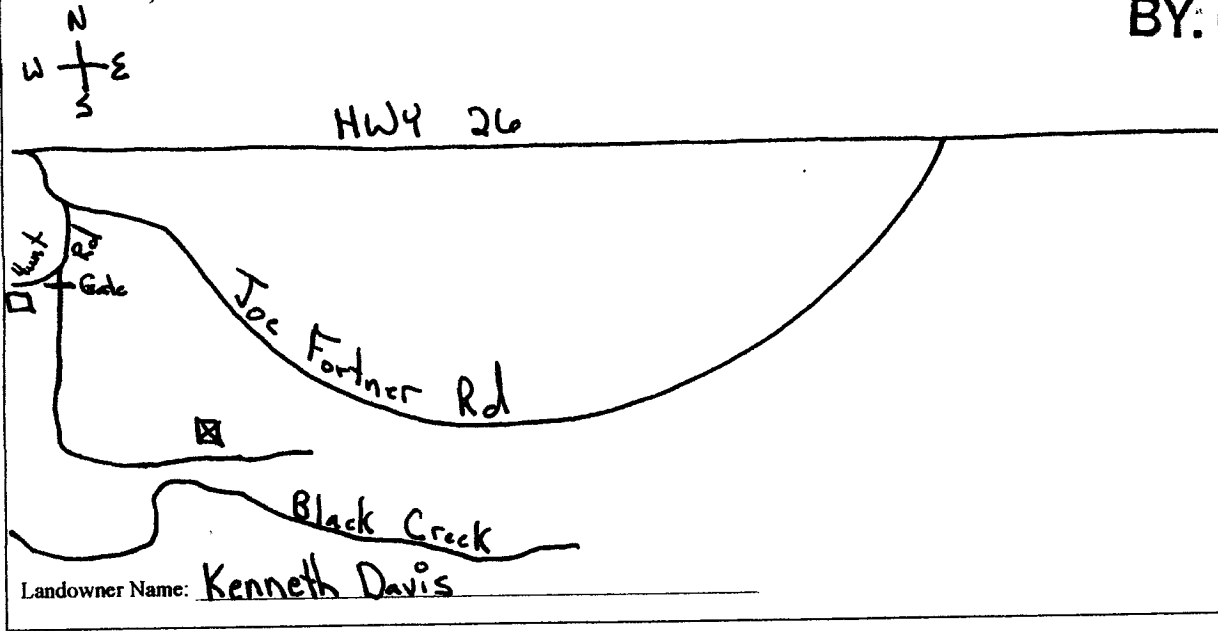
If more than one screen, show location of each on sketch

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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.

SEP 01 2004

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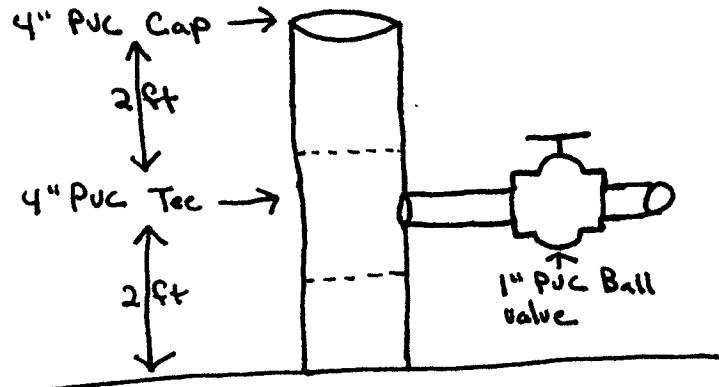
[Signature]
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

E-83

Ground Level

Well Head



Description of Formations Encountered			From	To
- Cont -				
Kenneth Davis (04020)				
Silt	Blue	3	310	318
Clay	Blue	6	318	337
Sand, med	Blue	3	337	340
Clay	Blue	5	340	355
Silt	Blue	3	355	363
Clay	Blue	6	363	392
Sand, med	Blue	3	392	423
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SEP 01 2004				
BY: OLWR				

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.

Landowner Name: Kenneth Davis (cont)

[Signature]
 Signature of Water Well Contractor

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: George
 Permit #: _____
 Driller: Michael S. Havard
 Date completed: 8-24-04

For Office Use Only:

Aquifer: _____
 Well #: E-83
 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>Kenneth Davis (04030)</u>	Latitude: <u>30°50.393</u> Longitude: <u>88°52.964</u>
Mailing Address: <u>Kenneth Davis</u> <u>189 Shots Mclead Rd</u> <u>Lucedale MS 39452</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>hand-held GPS</u> Survey-grade GPS
Telephone No. (<u>601</u>) <u>947-4192</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Berndale</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <u>Flowing Well</u>	Windmill <u>Other (specify): no pump</u>
Other (specify): _____	Horse Power Rating of Motor: <u>0</u>
Date Pump Installed: <u>8-24-04</u>	Setting Depth: <u>0</u> feet
Rated Pump Capacity: <u>2.5</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-25-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>+4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>+2</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>4</u> feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>2.5</u> GPM with a drawdown of
Test Pumping Rate: <u>2.5</u> Gallons Per Minute	<u>2</u> feet after <u>72</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>72</u> hours	

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

Michael S. Havard 0-673 Michael S. Havard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer