

County: George
 Permit #: _____
 Driller: Mike J. Wald
 Date drilling completed: 2-28-07

Well Driller Report and Well 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: _____
 Well #: L-156
 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>Mike Holland</u>	Latitude: <u>30° 49' ⁰⁰ 00" N</u> Longitude: <u>88° 35' ²³ 30" W</u>
Mailing Address: <u>165 CCC Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
<u>Lucedale MS 39452</u> City State Zip Code	<u>S 6 1/4 NW 1/4 Sec 4 Twn T35 Rng R6W</u>
Telephone No. () _____	Distance <u>3 1/2</u> Miles Direction <u>5</u> of Nearest Town <u>Lucedale</u>

Well Data

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

Date well drilling started: 2-27-07 Date well drilling completed: 2-27-07

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 2 inches Type of casing: PUC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 8 inches Setting depth: From 70 feet to 80 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.

Michael R Fry Fog 12 0408 Michael R Fry Fog
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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MAR 27 2007

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031
 Jackson, MS 39208-0031
 (601)261-5210
 (800)254-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: L-156

Elevation: _____

County: DeSoto
 Permit #: _____
 Driller: M. R. Fogle
 Date completed: 2-28-07

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

Owner Name: Mike Holland
 Mailing Address: 165 CCC Rd
Succedah, MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 49 00 N Longitude: 088 35 38 W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 T₁₄ S₄ T₃₅ R_{6W}
 Distance Direction Nearest Town
3 1/2 Miles S Succedah

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well

Other (specify): _____
 Date Pump Installed: 2-28-07
 Rated Pump Capacity: 812 Gallons Per Minute

Power Type
Circle one

<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
<input type="radio"/> Windmill	Other (specify): _____	

Rated Power Rating of Motor: 1
 Setting Depth: 60 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 43 Feet Below Land Surface
 Pumping Water Level (B): 53 Feet Below Land Surface
 Drawdown (B) - (A): 10 Feet Below Land Surface
 Test Pumping Rate: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
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Other (specify): _____
 For flowing well, measured shut in head: _____ ft
 Well yielded 8 GPM with a drawdown of
10 feet after 1 1/2 hours of pump

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

Michael R Fogle 0408

Michael R Fogle DLWR

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