County: Holmes
Permit #: 4" well
Driller: Arnold Fincher Sr
Date drilling completed: 8-16-04

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 #: E-18
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

Owner Name: Don Wynne
Mailing Address: 416 Dogwood Pl
Brandon Ms 39043
City State Zip Code
Telephone No. (601) 919-0701

Well Location

Latitude: 33 ° 13 ' 37 " Longitude: 89 ° 55 ' 21 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NE ¼ Sec 19 OK Twn 16 N Rng 4 E
Distance 10 Miles Direction N/W of Nearest Town West, MS

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 8-3-04 Date well drilling completed: 8-16-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 105 feet above or below (circle one) land surface Date measured: 8-11-04
Method of Measurement (circle one) steel tape (electric tape) air line other:
Hole depth: 310' Well depth: 260' Well grouted to a depth of 25 feet
Type of grout (circle one): Cement Bentonite (Mix)
Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 0.08 inches Setting depth: From _____ feet to _____ 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.

Arnold Fincher Sr 0598 — Arnold Fincher Sr

Print Name of Water Well Contractor and License No. — Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

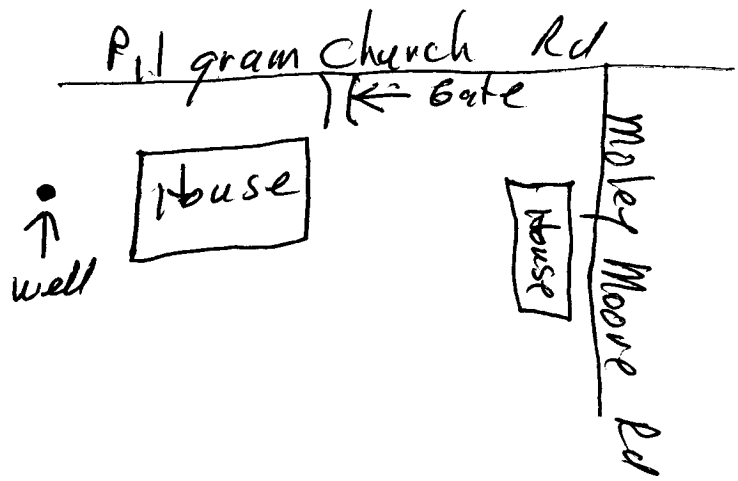
E18

Ground Level

Description of Formations Encountered	From	To
Surface Loam	0	30
Sand & Red Clay	30	65
Sand	65	310

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: Don Wynne

Signature of Water Well Contractor

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AUG 23 2004
BY: OLWR

County: Holmes
Permit #: 4" well
Driller: Arnold Finchers
Date completed: 8-16-04

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 #: E18
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
Owner Name: Don Wynne
Mailing Address: 416 Dogwood Pl
Brandon Ms 39043
City State Zip Code
Telephone No. (601) 919-0701

Well Location
Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 19 Twn 16N Rng 4E
Distance 10 Miles Direction W/N of Nearest Town West, MS

Pump Type
Circle one
Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 8-14-04
Rated Pump Capacity: 80 Gallons Per Minute

Power Type
Circle one
Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 5
Setting Depth: 200 feet
Number of Stages: 10

Pump Test Data
Date Well Tested: 8-14-04
Static Water Level (A): 105 Feet Below Land Surface
Pumping Water Level (B): 126 Feet Below Land Surface
Drawdown [(B) – (A)]: 21 Feet Below Land Surface
Test Pumping Rate: 40 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level
Circle one
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 40 GPM with a drawdown of 21 feet after 6 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Arnold Finch Sr 0598
Print Name of Pump Installer and License No. (if applicable)
Arnold Finch Sr
Signature of Pump Installer

RECEIVED
AUG 23 2004
BY: OLWR