

FROM : WATERWEL

FAX NO. : 6018253915

Jul. 05 2006 03:50AM P1

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

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 #: E-21
 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>Don Wynne</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>416 Dogwood Pl</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon Ms 39043</u>	<u>1/4 Sec 19 Twn 16N Rng 4E</u>
City State Zip Code	Distance <u>10</u> Miles Direction <u>NW</u> of Nearest Town <u>West, MS</u>
Telephone No: <u>(601) 919-0701</u>	

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

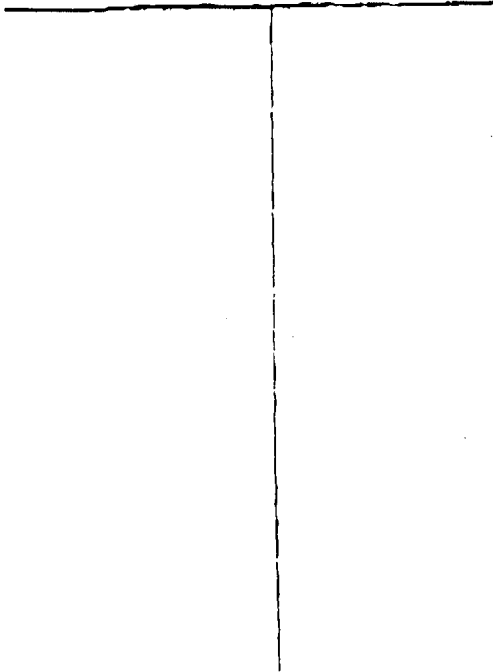
FROM : WATERWEL

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	E-21	
	From	To
Surface Loam	0	30
Sandy 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]
 Signature of Water Well Contractor:

FROM : WATERWEL

FAX NO. : 6018253915

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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: Helmes
 Permit #: 4" Well
 Driller: Arnold Fincher Sr
 Date completed: 8-16-04

For Office Use Only:
 Aquifer: _____
 Well #: E-21
 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>Don Wynne</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>416 Dogwood Pl</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Brandon Ms 39043</u>	<input type="radio"/> USGS quad. <input type="radio"/> Hand-held GPS. <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19</u> Twp <u>16N</u> Rng <u>4E</u>
Telephone No. <u>(601) 919-0701</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>W/N</u> of <u>West, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket: <input type="radio"/> Pison <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8-14-04</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-14-04</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>126</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>21</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>46</u> Gallons Per Minute	<u>21</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Arnold Fincher Sr 0598
 Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher Sr
 Signature of Pump Installer

Arnold Fincher Sr