

County: Humphreys
 Permit #: QW42091
 Driller: SeHudco LTD
 Date drilling completed: 9-1-07

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)

Acquirer: 73
 Well #: A-220
 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>Mr Glen Miller</u>	Latitude: <u>33° 17' 35"</u> Longitude: <u>90° 32' 58.4"</u>
Mailing Address: <u>8900 CR584</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>RR 1 Box 80</u>	USGS quad: <u>(Hand-held GPS) Survey-grade GPS</u>
<u>Osage MS 38924</u>	<u>SE 1/4 Sec 30 Twn 17N Rng 3W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>TSOLA MS</u>
Telephone No: <u>(662) 455-3092</u>	

Replaces QW958

Well Data

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

Date well drilling started: 9-1-07 Date well drilling completed: 9-1-07

If flowing, method of flow regulation: Valve N/A Other (describe): N/A

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 9-3-07

Method of Measurement (circle one): steel tape electric tape air line other: N/A

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 0 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development
 Other (describe): N/A

Top of tap pipe or reduction in casing: N/A 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 Neutroc Other: N/A

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.

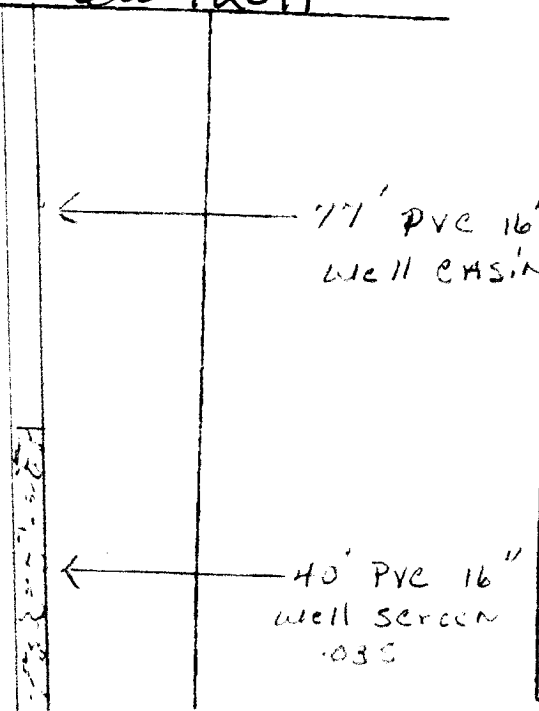
Robert Byars 0-543 Robert Byars
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Replacement well

If well telescopes please sketch below and show depths.

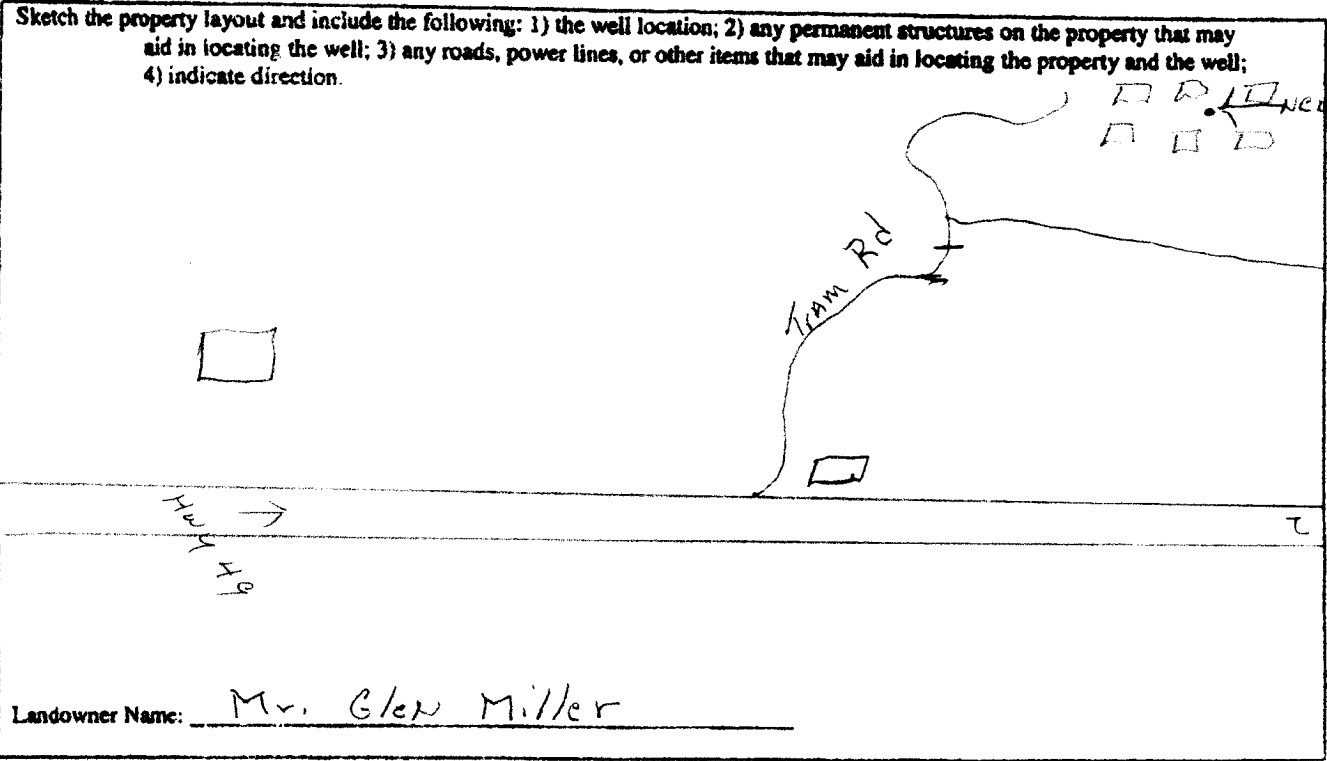
73
~~A-72~~

Ground Level 6W42091



Description of Formations Encountered	From	To
CLAY	0	87
COURSE SAND	87	90
COURSE SAND & P-GRAVEL	90	110
GRAVEL	110	117
Cemented gravel	117	

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



Landowner Name: Mr. Glen Miller

Robert Byan
Signature of Water Well Contractor

Replacement Well

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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)

For Office Use Only:	
Aquifer: _____	73
Well #: _____	A-22a
Elevation: _____	

County: <u>Humphreys</u>
Permit #: <u>GW42091</u>
Driller: <u>SeHudes LTD</u>
Date completed: <u>9-3-07</u>

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>Mr Glen Miller</u>	Latitude: <u>33° 17' 31.5" N</u> Longitude: <u>90° 32' 58.4" W</u>
Mailing Address: <u>8900 CR 524</u> <u>RR 1 Box 80</u> <u>Osage MS 38924</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>(662) 455-3092</u>	Distance Direction Nearest Town <u>4 Miles NE of Isola, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>(Turbine)</u> Centrifugal Rotary Flowing Well Other (specify): <u>N/A</u>	Diesel Engine Gasoline Engine Natural Gas <u>(Electric Motor)</u> Hand Tractor PTO Windmill Other (specify): <u>N/A</u> Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>9-3-07</u>	
Rated Pump Capacity: <u>2,400</u> Gallons Per Minute	

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

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

<u>Robert Byars</u> <u>0-543</u>	<u>Robert Byars</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Replacement Well

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 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY