

Thursday, July 28, 2005 2:33 PM

Bill Schultz 662 335.5777

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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 #: B-68
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 7-25-05

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>Russell Mahalita</u>	Latitude: <u>32°54'30N</u> Longitude: <u>090°58'36W</u>
Mailing Address: <u>468 Magnolia Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Rolling Fork MS 38701</u>	<u>SE 1/4 NW 1/4 Sec 15 Twn 12N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> miles <u>East</u> of <u>Mayersville</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 7-18-05 Date well drilling completed: 7-25-05

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

Static Water Level: 42 feet above or Below (circle one) land surface Date measured: 7-25-05

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

Hole depth: 1040 Well depth: 1030 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1000 feet Casing diameter: 4x3 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: 1/20th inches Setting depth: From 1000 feet to 1030 feet

Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 200 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.

Charles M. Nichols 0-0667
Print Name of Water Well Contractor and License No.

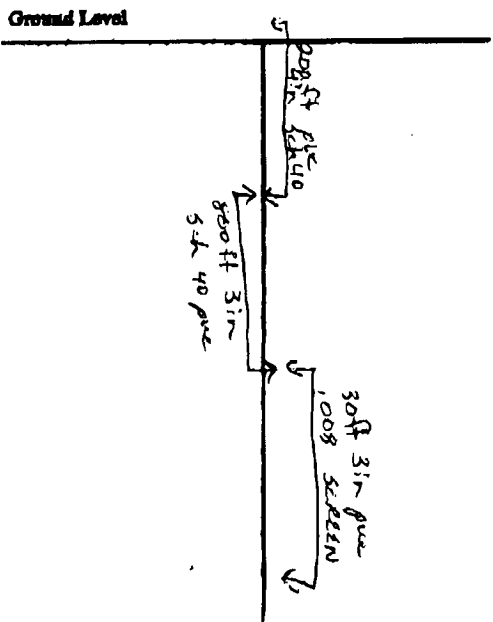
Charles M. Nichols
Signature of Water Well Contractor

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B-68



Description of Formations Encountered	From	To
Clay	0	37
sand + gravel	37	117
clay	117	280
sandy shell	280	340
sand	340	460
sand + Rock	460	500
fine sand + little shell	500	600
clay	600	640
fine sand + shell	640	800
fine sand	800	940
fine to med. sand	940	960
Coarse sand	960	1040

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: _____

Charles M. Schultz
 Signature of Water Well Contractor

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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 10691
Jackson, MS 39289-0691
(601)961-3210
(601)334-6938 (fax)

County: Issaquena
Permit #:
Diller: Charles M. Nichols
Date completed: 7-25-05

For Office Use Only:
Aquifer:
Well #: B-68
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 90 days of the installation of pump.

Well Owner Information: Owner Name: Russell D. Mahabite, Mailing Address: 468 Magnolia Rd, Pelling Park Ms 39259, Telephone No.
Well Location: Latitude: 32° 54' 30" N, Longitude: 90° 55' 36" W, Method of Lev/Long (circle one): Conventional Survey, NEGS quad: Hand-held GPS, Survey-grade GPS, SE 1/4 NW 1/4 Sec 15 Twn 12N Rng 9W, Distance: 5 Miles East of Mayersville

Pump Type: Circle one, Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify): Customer's pump, Date Pump Installed: 7-25-05, Rated Pump Capacity: 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:, Setting Depth: feet, Number of Stages:

Pump Test Data: Date Well Tested:, Static Water Level (A): Feet Below Land Surface, Pumping Water Level (B): Feet Below Land Surface, Drawdown ((B) - (A)): Feet Below Land Surface, Test Pumping Rate: Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 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 GPM with a drawdown of feet after hours of pumping

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

Charles M. Nichols 0-0667
Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
Signature of Pump Installer