

#2

County: Loundes  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date drilling completed: 9-30-08

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-46  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Andy Holtcamp</u>	Latitude: <u>33° 17' 18"</u> Longitude: <u>88° 37' 44"</u>
Mailing Address: <u>P.O. Box 103</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Crawford</u> MS <u>39743</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>33</u> Twn <u>17N</u> Rng <u>10E</u>
City State Zip Code	Distance <u>1</u> Miles Direction <u>S</u> of Nearest Town <u>Crawford</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 9-18-08 Date drilling completed: 9-30-08 Hole depth: 940 Hole diameter: 7"

Location of the source of any surface water used for drilling: Crawford Community Water

Method of dosing and volume of Chlorine used in drilling and development: 1 lb per 1,000 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: chicken houses

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 168 feet above or below (circle one) land surface Date measured: 9-30-08

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

Well depth: 930 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140' feet Casing diameter: 5" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 2 1/2 inches Type of screen: Stainless Steel

Screen slot size: #.006 inches Setting depth: From 890 feet to 930 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: 300 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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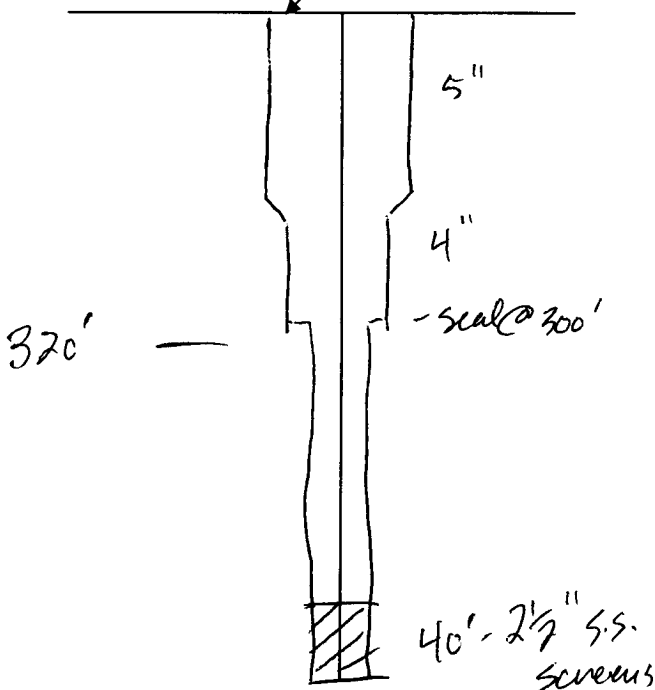
#2

N-46

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

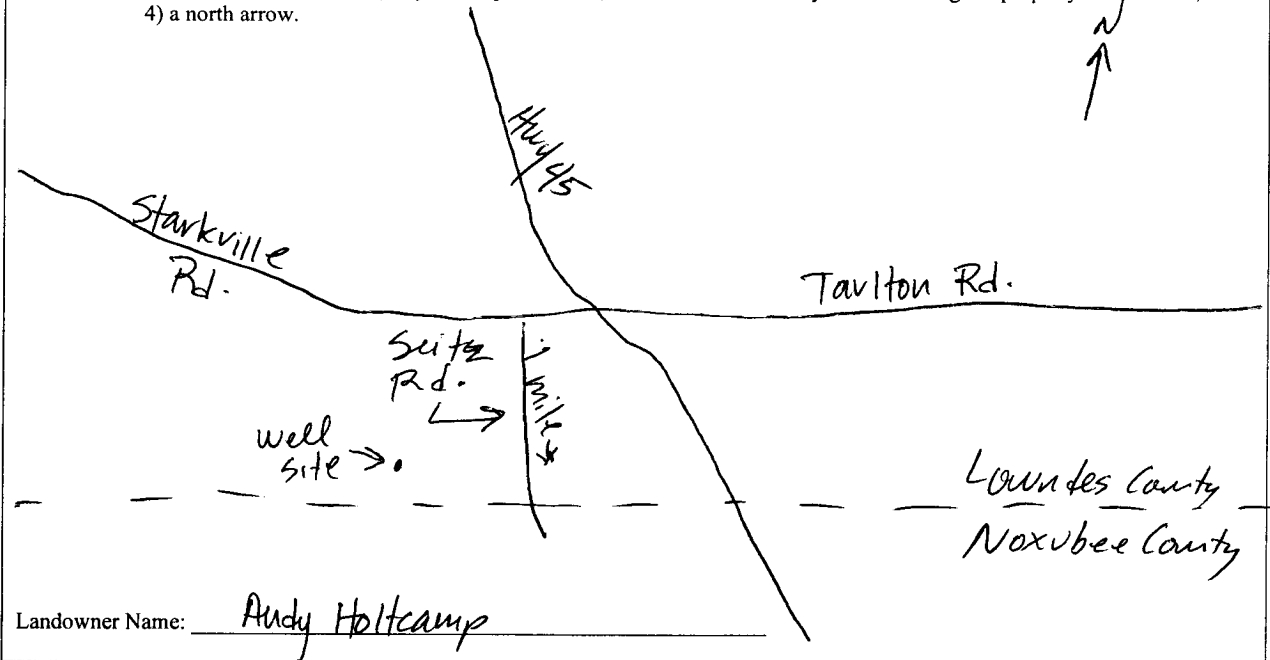


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	3
Limerock	3	340
Sandy shale	340	400
shale	400	480
Sandy shale	480	500
Shale	500	560
Sand	560	640
Sandy shale	640	740
Sand	740	780
sandy shale	780	890
Sand	890	940

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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Harold Hill | McDonald & Hill #0-8 | 10-10-08

Signature of Licensee: Harold Hill

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Louisa  
 Permit #: \_\_\_\_\_  
 Driller: McDonald + Hill, Inc  
 Date completed: 11-5-08  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: N-46  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Andy Holtcamp</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P O BOX 103</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Crawford MS 39743</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> T <u>17N</u> R <u>10E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Crawford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>11-5-08</u>	Setting Depth: <u>240'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-5-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>168</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>210</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	_____ feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

McDonald + Hill, Inc. #0-8 Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SW-115 (04/08)

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