

State Well Report

Part 1 - Driller's Log

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: Marion
Permit #: _____
Driller: Walker-Hill Environmental, Inc.
Date drilling completed: 8/15/2007

For Office Use Only:
Aquifer: _____
Well #: E-65
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>Richard Stewart</u>	Latitude: <u>31</u> ° <u>30</u> ' <u>18</u> " Longitude: <u>89</u> ° <u>57</u> ' <u>44</u> "
Mailing Address: <u>PO Box 1148</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Foxworth</u> MS <u>39483</u> City State Zip Code	SW <u>1/4</u> SE <u>1/4</u> Sec <u>14</u> TwN <u>4N</u> Rng <u>12E</u>
Telephone No. (601) <u>731-6077</u>	Distance Direction Nearest Town <u>8</u> Miles <u>NW</u> of <u>Foxworth</u>

Well / Borehole Data

Date drilling started: 8/13/07 Date drilling completed: 8/15/07 Hole depth: 174' Hole diameter: 7.78"

Location of the source of any surface water used for drilling: water well
Method of dosing and volume of Chlorine used in drilling and development: 2 cups HTH per 2000 gallons of water

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 X 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 X Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: _____

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 8/17/07

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

Well depth: 170' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): 20/40 filter sand

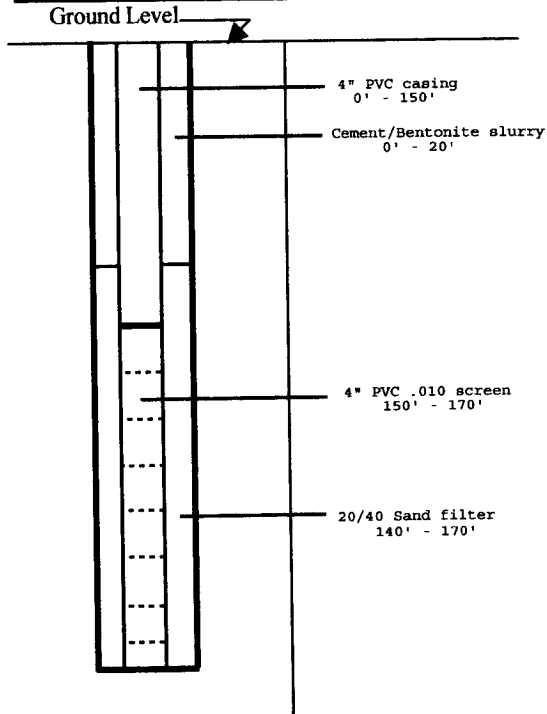
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A
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The sketch below only required for water wells

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

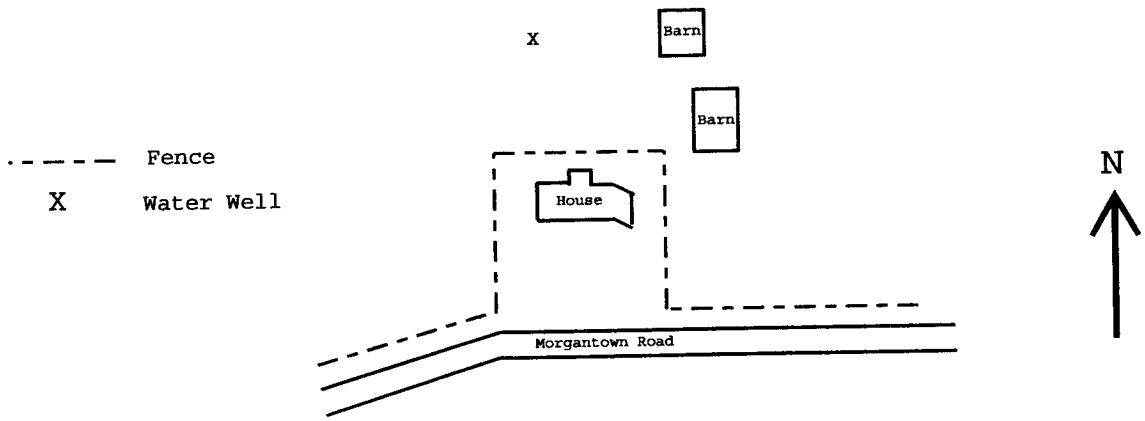
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Gravel and clay	Ground Level	80'
Fine sand	80'	90'
Sand with pea gravel	90'	110'
Light clay	110'	120'
Sand/gravel	120'	130'
Gravel	130'	160'
Sand	160'	170'
Clay	170'	174'

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) a north arrow.



Landowner Name: Richard Stewart

Form: OLWR-SWR-1A

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.

GARY P. Hill 0-578 8-30-07
 Print Name of Responsible Licensee and License No. Date

Gary P Hill
 Signature of Licensee

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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: Marion
 Permit #: _____
 Driller: Walker-Hill Environmental, Inc.
 Date completed: 8/17/2007
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-55
 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>Richard Stewart</u>	Latitude: ³¹ 30 -18-30 N Longitude: <u>89-57-44 W</u>
Mailing Address: <u>PO Box 1148</u>	Method of Lat/Long (check one): Conventional Survey____, USGS quad <u>X</u> , Hand-held GPS____, Survey-grade GPS____
<u>Foxworth</u> MS <u>39483</u> City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>14</u> T <u>4N</u> R <u>12E</u>
Telephone No. (<u>601</u>) <u>731-6077</u>	Distance Direction Nearest Town <u>8</u> Miles <u>NW</u> of <u>Foxworth</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u> HP
Date Pump Installed: <u>8/17/2007</u>	Setting Depth: <u>148</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/17/2007</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>123</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>13</u> 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.

GARY P. HILL 0-578
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer