

State Well Report

Part 1

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 #: P-40

L. S. Elevation: _____

E-log #: _____

County: Newton

Permit #: _____

Driller: McDonnell & Hill Inc.

Date drilling completed: 7-6-05

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

Owner Name: Reman, Inc.

Mailing Address: PO Box 900

Decatur, MS -

City

State

Zip Code 39327

Telephone No: 601-635-4897

Well Location

Latitude: 32° 18' 04" Longitude: 89° 00' 02"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 SE 1/4 Sec 2 Twn 5N Rng 12E

Distance 1 1/4 miles

Direction S

Nearest Town Arkeley

Well Data

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

Date well drilling started: 7-1-05

Date well drilling completed: 7-6-05

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

Static Water Level: 81 feet above or below (circle one) land surface

Date measured: 7-6-05

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

Hole depth: 360

Well depth: 360

Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet

Casing diameter: 4 inches

Type of casing: PVC

Screen length: _____ feet

Screen diameter: _____ inches

Type of screen: _____

Screen slot size: _____ 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.

McDonnell & Hill Inc. # 0-8

Print Name of Water Well Contractor and License No.

Bruce Hill
Signature of Water Well Contractor

RECEIVED

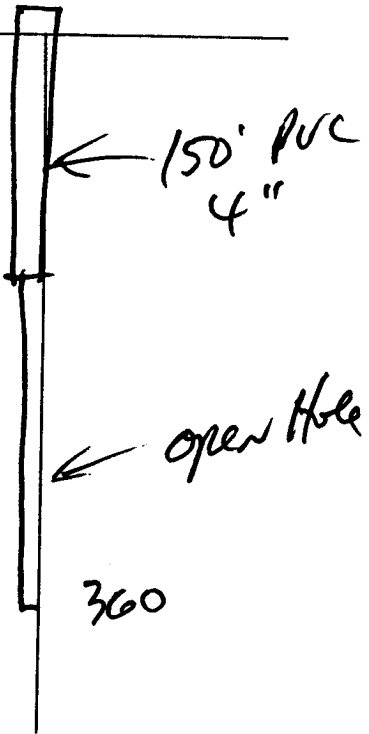
JUL 21 2005

BY: OLWR

If well telescopes please sketch below and show depths.

P-40

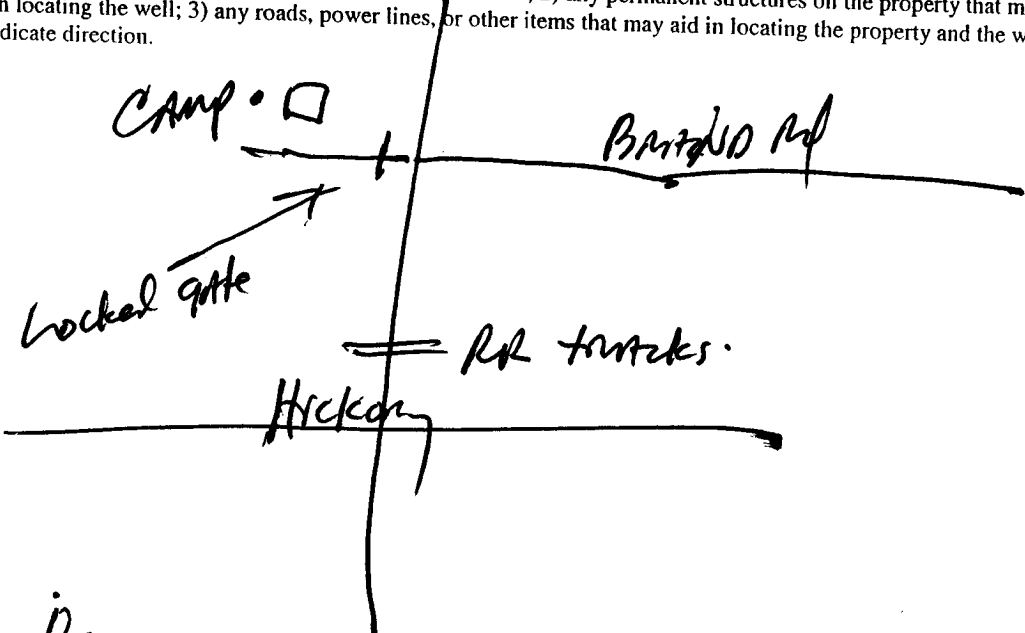
Ground Level



Description of Formations Encountered	From	To
CLAY & SAND	0	20
SAND - IRON WATER	20	80
SHALE & ROCK	80	180
SAND - Green	180	200
HARD ROCKS & SHALE	200	280
HARD SHALE	280	300
SANDY SHALE	300	320
SAND -	320	360
Great Water		

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: Reman, INC.

Bar Die
Signature of Water Well Contractor

RECEIVED
JUL 21 2005
BY: OLWR

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: _____

Well #: P-40

Elevation: _____

County: Newton

Permit #: _____

Driller: McDonald & Hee

Date completed: 7-8-05

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>REMAN, INC.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 900</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur MS - 39327</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>5N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>601, 635-4897</u>	<u>1 1/4</u> Miles <u>S</u> of <u>Arden</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-8-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-8-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>81</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>20+</u> GPM with a drawdown of
Test Pumping Rate: <u>12+</u> Gallons Per Minute	<u>?</u> feet after _____ 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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED

JUL 21 2005

BY: OLWR