

Replaced well drilled 3-19-07 (GW16379)

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 #: E-102
L.S. Elevation: _____
E-log #: _____

County: Pearl River
Permit #: GW16378
Irrigation Equipment
Driller: _____
Date drilling completed: 9-12-07

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>Edgewater Holdings, LLC</u>	Latitude: <u>30° 50' 20.2"</u> Longitude: <u>89° 42' 51.7"</u>
Mailing Address: <u>7025 Edgewater Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mandeville La. 70471</u>	<u>SW 1/4 SE 1/4 Sec 29 Twn 25 Rng 17 W</u>
City State Zip Code	Distance Direction Nearest Town <u>8 Miles West of Poplarville</u>
Telephone No. <u>(985) 626-9005</u>	#Simpson Sod Farm

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot 350' North of old well
 Irrigation Fish Culture Replacement

Date well drilling started: 9-12-07 Date well drilling completed: 9-12-07

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

Static Water Level: 96' feet above of below (circle one) land surface Date measured: 9-27-07

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

Hole depth: 266 Well depth: 266 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 186 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 032 inches Setting depth: From 187 feet to 266 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

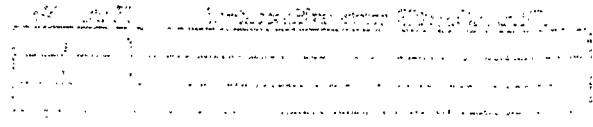
Patrick M. Chism

Signature of Water Well Contractor

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Print Name of Water Well Contractor and License No.

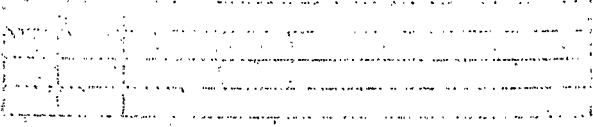
Generalized model of the system



Block diagram of the system with feedback loop.



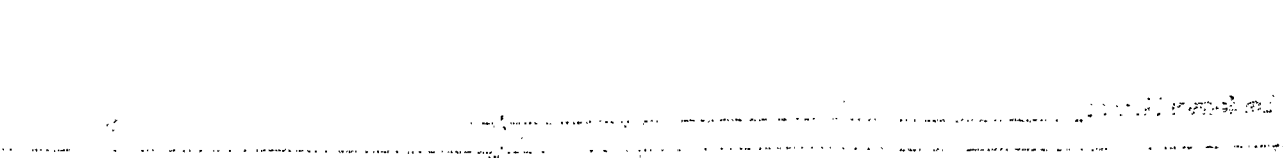
Block diagram of the system with feedback loop.



Block diagram of the system with feedback loop

Block diagram of the system with feedback loop.

Block diagram of the system with feedback loop.



E-102

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand + Clay	26	45
Clay	46	85
Fine Sand + Clay	86	92
Fine Sand + Gravel	93	105
Fine Sand	106	125
Medium Sand	126	130
Medium Sand + Gravel	131	139
Clay	140	173
Medium Sand + Gravel	174	186
Medium Sand	187	197
Medium Sand + Gravel	198	208
Medium Sand	209	219
Medium Sand + Gravel	220	266

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: Edgewater Holdings, LLC

Patro
 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Pearl River
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 9-12-07

For Office Use Only:

Aquifer: _____
 Well #: E-102
 Elevation: _____

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>Edgewater Holdings, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7025 Edgewater Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mandeville La. 70471</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 29 Twn 2S Rng 17W</u>
Telephone No. <u>985 626-9005</u>	Distance Direction Nearest Town <u>8 Miles West of Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>9-27-07</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
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	

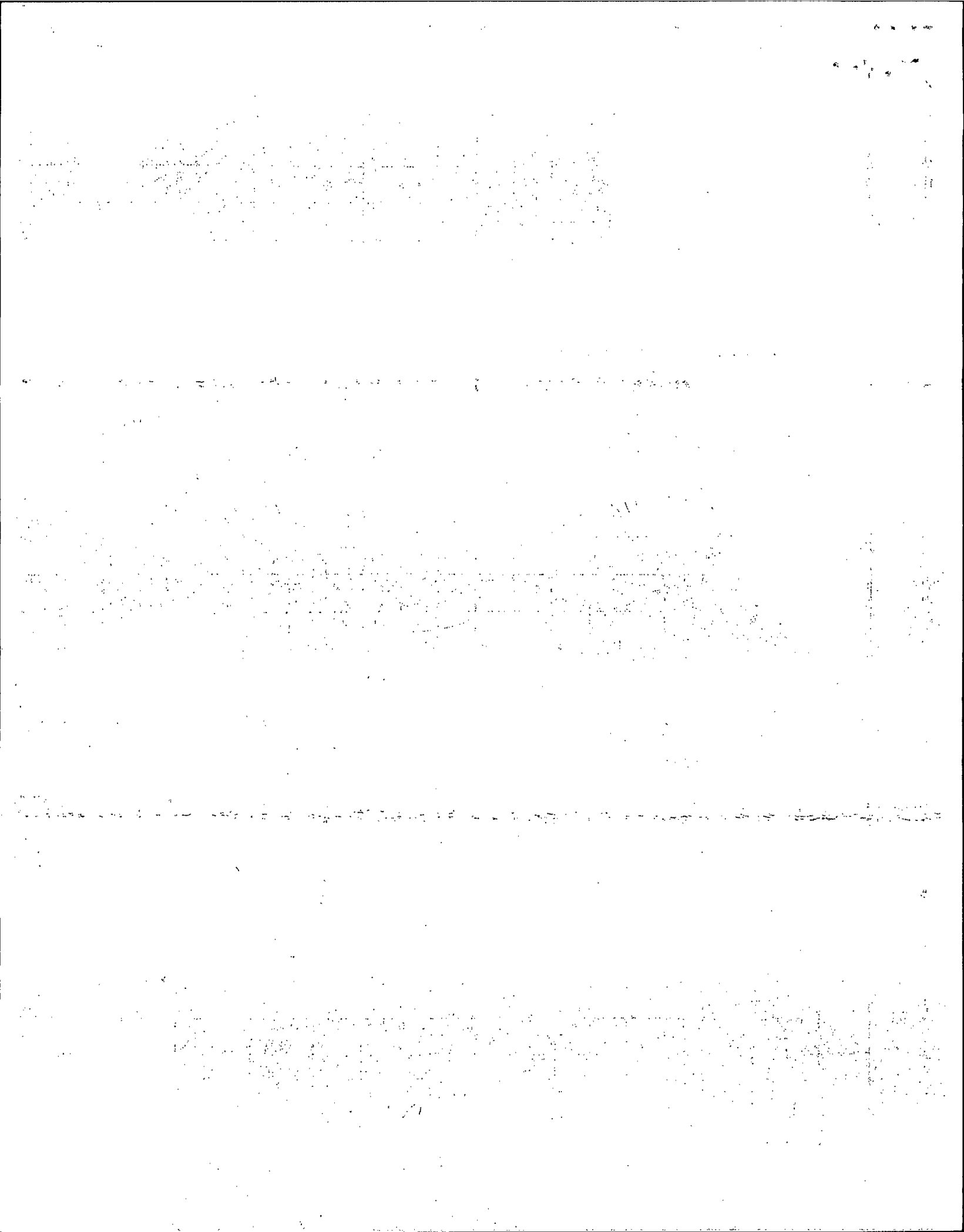
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

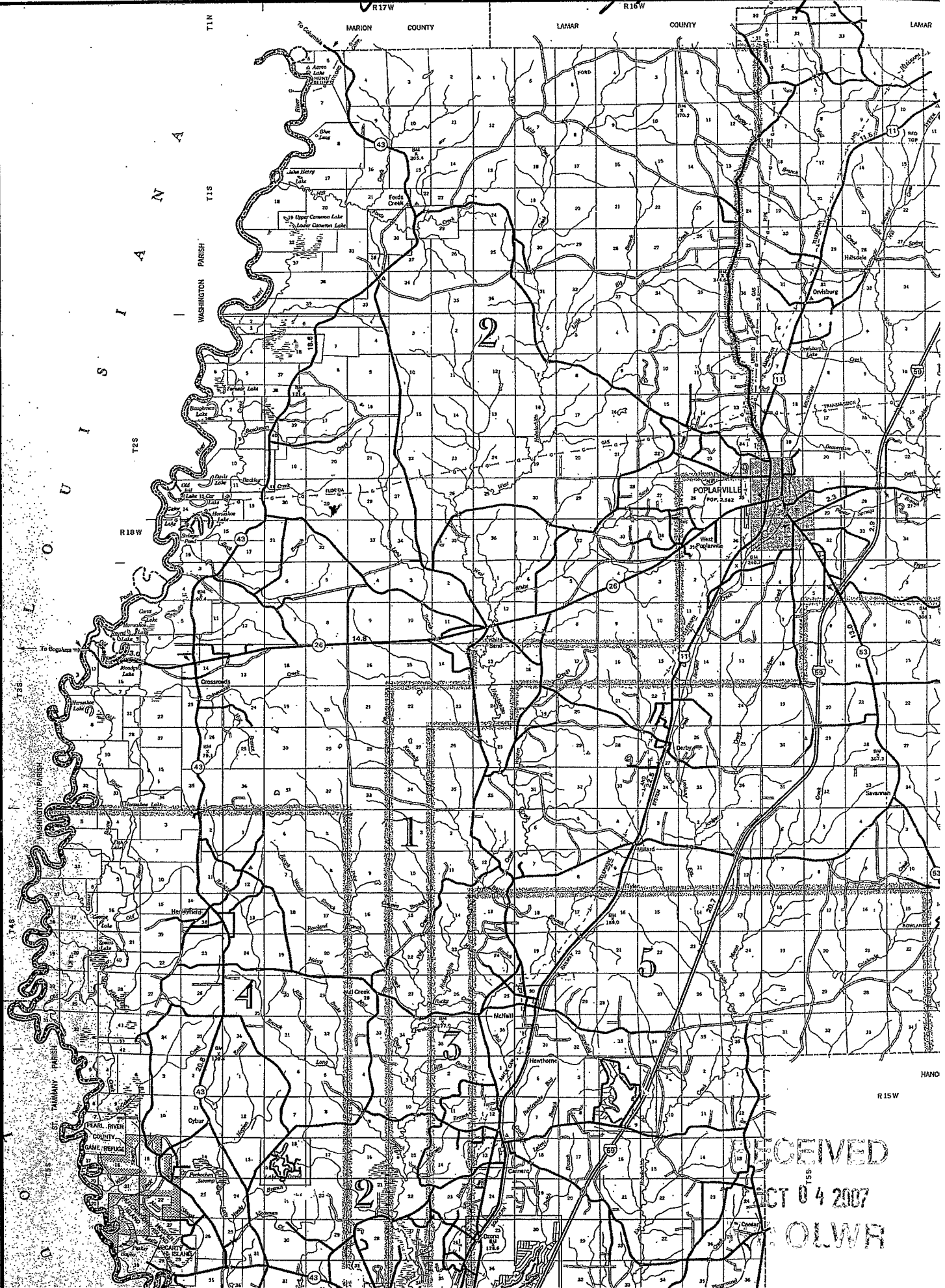
Patrick M. Chism 0695 Pat
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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