

CLEAR WATER DRILLING
503 HILT FORNEA ROAD
POPLARVILLE, MS 39470

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)

County: Pearl River
Permit #: _____
Driller: Robert Schmidt
Date drilling completed: 8/5/04

For Office Use Only:
Aquifer: _____
Well #: M 48
L. S. Elevation: _____
E-log #: _____

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>PA TIMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11 PA TIMS RD.</u> <u>POPLARVILLE, MS</u> <u>39470</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>3 S</u> Rng <u>15 W</u>
Telephone No. <u>(601) 795 8530</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>S</u> of <u>Poplarville</u>

Well Data

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

Date well drilling started: 8/3/04 Date well drilling completed: 8/5/04

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

Static Water Level: 31 feet above of below (circle one) land surface Date measured: 8/5/04

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

Hole depth: 65' Well depth: 60' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC 5.0 90

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

Screen slot size: .010 inches Setting depth: From 40 feet to 60 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: _____

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AUG 18 2004

BY: OLWR

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.

Robert C. Schmidt 0823
Print Name of Water Well Contractor and License No.

Robert Schmidt
Signature of Water Well Contractor

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M48

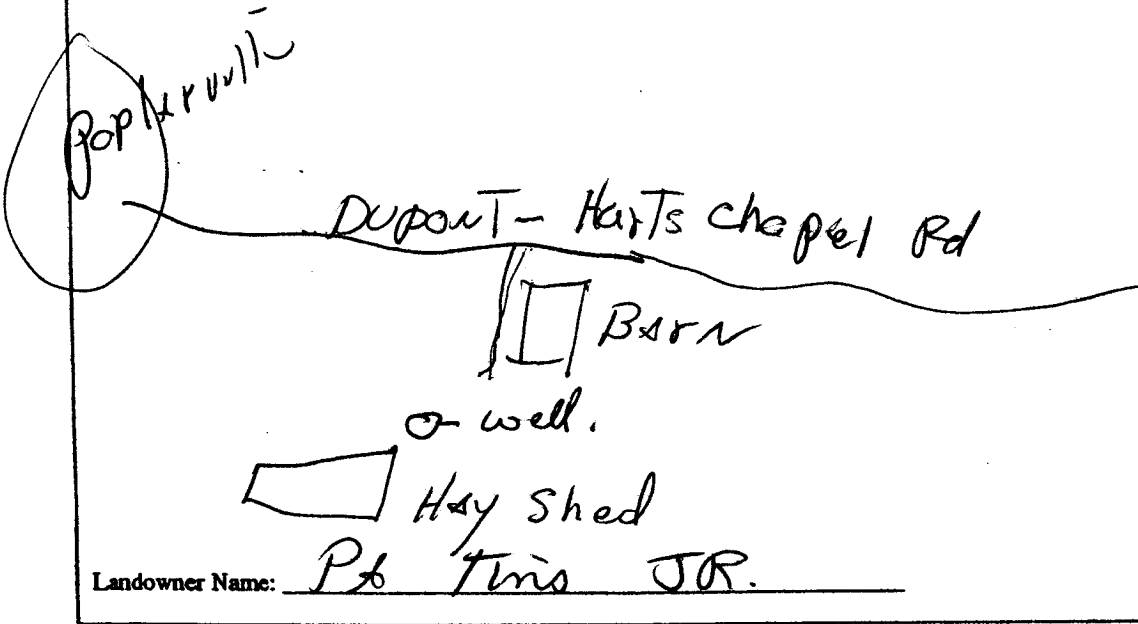
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red clay + Sand mix	0	8'
overly coarse sand	8	33
Sand + pea gravel	33	38
Sand not some fine	38	59
Red + yellow clay	59	64

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.



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 BY: OLWR

Robert Schmidt
 Signature of Water Well Contractor

CLEAR WATER DRILLING
503 HILT FORNEA ROAD
POPLARVILLE, MS 39470

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 #: M48
Elevation: _____

County: Pearl River
Permit #: _____
Driller: Robert L Schmidt
Date completed: 8/5/04

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>PA TINS JR</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11 PA TINS RD</u> <u>POPLARVILLE MS 39470</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>35</u> Rng <u>15 W</u>
Telephone No. () _____	Distance: <u>3</u> Miles Direction: <u>S</u> of Nearest Town: <u>Poplarville</u>

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Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u> HP
Date Pump Installed: <u>8/5/04</u>	Setting Depth: <u>52</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>31'</u> 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.

Robert L Schmidt
Print Name of Pump Installer

Robert L Schmidt
Signature of Pump Installer