

County: Pike 113
 Permit #: GW-16122
 Driller: Heendon Well
 Date drilling completed: 8-19-04

Well Driller Report and Well 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)

For Office Use Only:

Aquifer: _____
 Well #: E-220
 L. S. Elevation: 219
 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>Homestead Community Club</u>	Latitude: <u>31° 13' ⁰³</u> Longitude: <u>90° 21' ²⁴</u>
Mailing Address: <u>3194 Hwy 98 East</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>McComb</u> MS <u>39648</u>	<u>NE 1/4 NW 1/4</u> Sec <u>21</u> Twn <u>3N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 684-7773</u>	<u>1</u> Miles <u>East</u> of <u>McComb</u>

Well Data

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

Date well drilling started: 7-26-04 Date well drilling completed: 8-19-04

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

Static Water Level: 232 feet above or below (circle one) land surface Date measured: 8-31-04

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

Hole depth: 698' Well depth: 690' Well grouted to a depth of 615 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 615 feet Casing diameter: 16 inches Type of casing: Coated Steel

Screen length: 70 feet Screen diameter: 10 inches Type of screen: Stainless Wire Wrap

Screen slot size: .020 inches Setting depth: From 620 feet to 690 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: 530 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): MS Geologic Survey

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.

Heendon Well & Supply 021
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

GW 16122
E-220
219

Ground Level

Description of Formations Encountered

From To

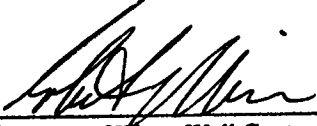
Red SAND & GRAVEL	0	35
SANDY CLAY	35	140
GREEN SANDY CLAY	140	220
COARSE SAND	220	320
CLAY	320	355
SAND	355	375
CLAY	375	590
SAND	590	698

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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Landowner Name: _____



Signature of Water Well Contractor

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: Pike
Permit #: GW 16122
Driller: Heendom Well
Date completed: 10/4/04

For Office Use Only:

Aquifer: _____
Well #: E 220 219
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>Homestead Community Club</u>	Latitude: <u>311304 N</u> Longitude: <u>902426 W</u>
Mailing Address: <u>394 Hwy 98 East</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>McComb MS 39648</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 21 Twn 3N Rng 8E</u>
Telephone No. (601) <u>684-7773</u>	Distance Direction Nearest Town <u>1 Miles East of McComb</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>50</u>
Date Pump Installed: <u>10/4/04</u>	Setting Depth: <u>378</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/7/04</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>236</u> Foot Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>305</u> Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>69</u> Feet Below Land Surface	Well yielded <u>513</u> GPM with a drawdown of <u>69</u> feet after <u>24</u> hours of pumping
Test Pumping Rate: <u>513</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

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

Norman Fewell
Signature of Pump Installer

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NOV 16 2004