

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 #: M-66
L. S. Elevation: _____
E-log #: _____

County: Scott
Permit #: _____
Driller: McDONALD & Hill
Date drilling completed: 4-29-06

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>Ted Hoelingsworth</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2635 VFW Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lake, MS - 39092</u> City State Zip Code	1/4 1/4 Sec <u>21</u> Twn <u>6N</u> Rng <u>9E</u>
Telephone No. <u>(601)-941-6384</u>	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Lake</u>

Well Data

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

Date well drilling started: 4-25-06 Date well drilling completed: 4-29-06

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: 4-29-06

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

Hole depth: 620 Well depth: 610 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 396 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: _____

Screen slot size: 006 inches Setting depth: From 550 feet to 610 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: 380 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.

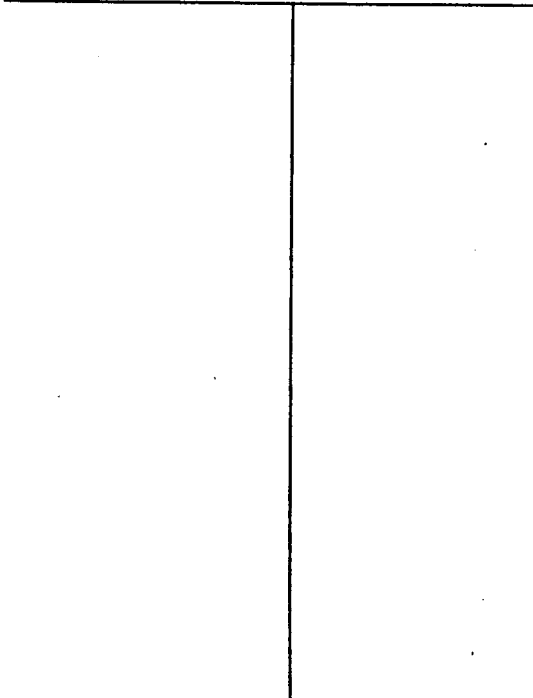
McDONALD & Hill Inc. #0-8 Harold Hill
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

M-66

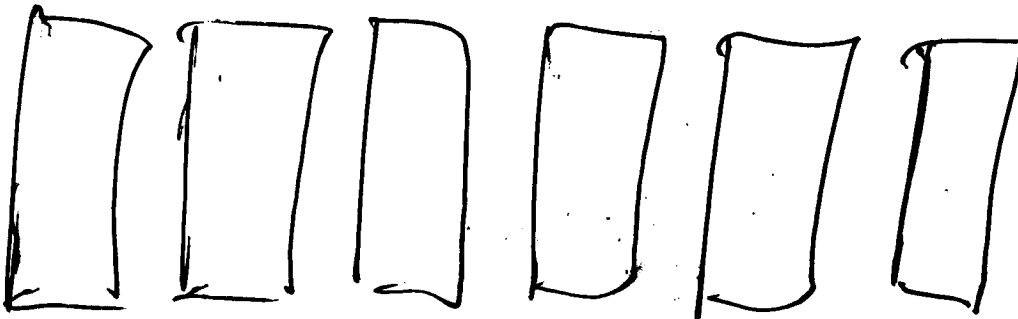
Ground Level



Description of Formations Encountered	From	To
CLAY	0	30
SANDY SHALE	30	200
SAND	200	270
SHALE	270	350
ROCK	350	351
SHALE, SANDY ST ROCK ST	351	420
SANDY SHALE, ROCK ST	420	500
ROCKY ST.	500	545
SAND	545	590
SAND + SHALE	590	620

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.

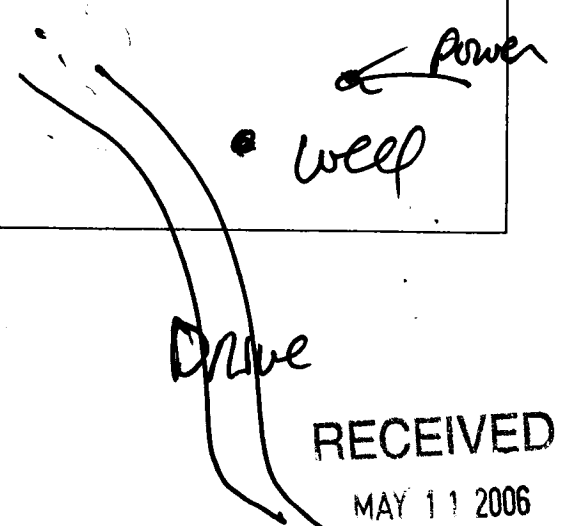


Landowner Name:

Teo Hollingsworth

Harold Hee

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)

For Office Use Only:

Aquifer: _____

Well #: M-66

Elevation: _____

County: Scott
 Permit #: _____
 Driller: McEdward & Heil
 Date completed: 5-9-06

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>Yed Hollingsworth</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2635 - VFW Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lake, MS - 39092</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>6N</u> Rng <u>9E</u>
Telephone No. <u>601 - 941 - 6384</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Lake</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-9-06</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-9-06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>250</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>50</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.

McEdward & Heil # 0-8 Harold Heil
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR