

JUL-27-2006 14:31 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

#510

State Well Report

Part 1 - Driller's 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)

County: Sunflower

Permit # _____

Driller: Shane Partridge

Date drilling completed: 7-18-06

For Office Use Only:

Aquifer: _____

Well #: H-165

E. S. Elevation: 1238

E-log # _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>James Ray Holeman</u>	Latitude: <u>33° 37' 15"</u> Longitude: <u>90° 31' 49"</u>
Mailing Address: <u>75 Bush Holeman Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Doddsville MS 38736</u> City State Zip Code	<input checked="" type="checkbox"/> NE 1/4 Sec <u>58</u> Twp <u>21N</u> Rng <u>3W</u> <u>20N</u>
Telephone No. <u>(662) 569-3227</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 7-18-06 Date drilling completed: 7-18-06 Hole depth: 121' Hole diameter: 22"

Location of the source of any surface water used for drilling: FISH Pond

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 58 feet above below (circle one) land surface Date measured: 6-18-06

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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 next page*

Form: OLWR-SWR-1A

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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 Sunflower
 Permit # _____
 Driller Scott Hoach
 Date completed: 7-19-06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: L238
 Well #: H-165
 Elevation: _____

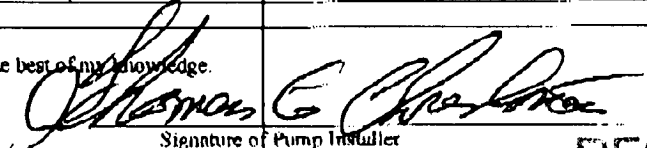
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>James Ray Holeman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>75 Busin Holeman Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Doddsville MS 38736</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 8 T24N R3W</u> ✓
Telephone No. <u>(662) 569-3227</u>	Distance _____ Direction <u>8</u> Nearest Town <u>20N</u>
	Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-19-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>ONE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Chestman 0-703 
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-516-01 RECEIVED

JUL 28 2006

BY: OLWR