

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 #: H-111
 L. S. Elevation: _____
 E-log #: _____

County: Walthall
 Permit #: _____
 Driller: JAMES WELLS
 Date drilling completed: 3-10-06

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>Johnny Holmes</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>392 Leavelle Rd.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Oryka MS 39657</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <input type="radio"/> 1/4 _____ 1/4 Sec. <u>26</u> Twn <u>9E</u> Rng <u>11E</u> |
| Telephone No. <u>(601) 222-1676</u> | Distance: <u>10</u> Miles Direction: <u>East</u> of Nearest Town: <u>Oryka MS</u> |

Well Data

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

Date well drilling started: 3-10-06 Date well drilling completed: 3-10-06

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-10-06

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 002 inches Setting depth: From 170 feet to 150 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.

JAMES WELLS 0-586
 Print Name of Water Well Contractor and License No.

James Wells
 Signature of Water Well Contractor

RECEIVED
 APR 06 2006
 BY: OLWR

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 #: _____
 Driller: JAMES WELLS
 Date completed: 3-10-06

For Office Use Only:

Aquifer: _____
 Well #: H-111
 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>Johnny Holmes</u> Mailing Address: <u>392 Lenthay Rd</u> <u>Oxyka ms 37657</u> City _____ State _____ Zip Code _____ Telephone No. <u>606 222-1676</u> | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>9E</u> Rng <u>14</u> <u>1N 10E</u> Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>EAST</u> of <u>Oxyka ms.</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-10-06</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>130</u> feet Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>3-10-06</u> Static Water Level (A): <u>8/00</u> Feet Below Land Surface Pumping Water Level (B): <u>130</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>100</u> feet after <u>4</u> hours of pumping |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 APR 06 2006
BY: OLWR