

County Warren
 Permit #: MS-GW-16350
 Driller: Mike Wells
 Date drilling completed: 3-24-08

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)

For Office Use Only:
 Aquifer: _____
 Well #: A-33
 L. S. Elevation: _____
 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.

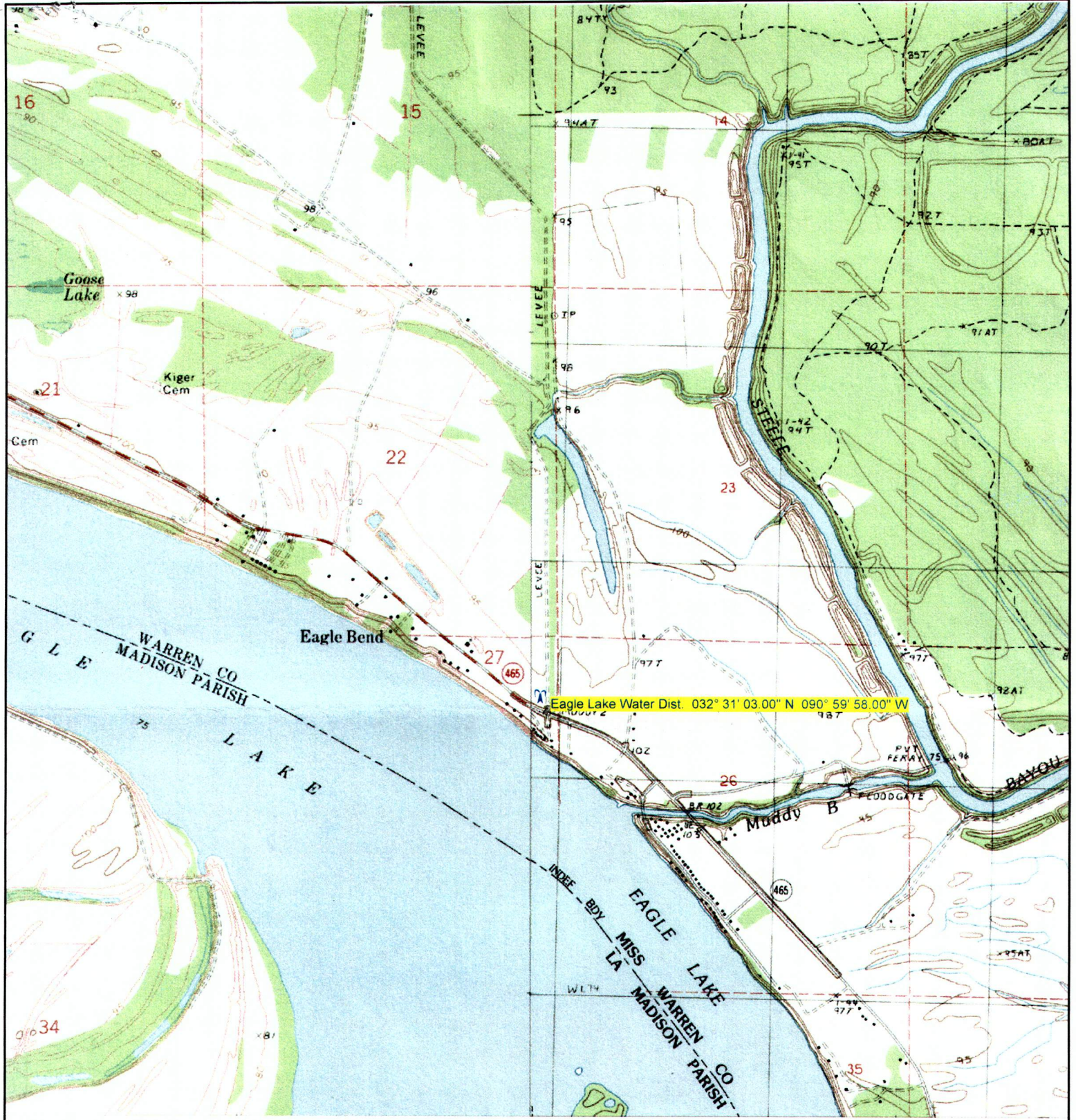
<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Eagle Lake Water District</u> Mailing Address: <u>310 Monticello St.</u> <u>Brookhaven MS 39601</u> City State Zip Code Telephone No. <u>(601) 833-6161</u></p>	<p>Well or Borehole Location Latitude: <u>32° 31' 03"</u> Longitude: <u>90° 59' 58"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 27 Twn 18N Rng 2E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ <u>Cane Bayou Quad</u></p>
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Well / Borehole Data
 Date drilling started: 3-20-08 Date drilling completed: 3-24-08 Hole depth: 159' Hole diameter: 30"
 Location of the source of any surface water used for drilling: public supply
 Method of dosing and volume of Chlorine used in drilling and development: 5 lbs of HSH added
 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: 22 feet above or below (circle one) land surface Date measured: 3-24-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 150' Well grouted to a depth of 44 feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 110 feet Casing diameter: 16 inches Type of casing: Carbon Steel
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: Stainless Steel
 Screen slot size: .020 inches Setting depth: From 110 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: 42 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)

For Office Use Only:

Aquifer: _____

Well #: A-33

Elevation: _____

County: Warren
 Permit #: 6U-16750
 Driller: Mike Wells
 Date completed: 5-26-08
 Copy Information from block on Part 1

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>Eagle Lake Water District</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>310 Monticello St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Broadhaven</u> MS <u>39601</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>27</u> T <u>18N</u> R <u>2E</u>
Telephone No. <u>(601) 833-6161</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>5-26-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-11-08</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>26</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown (B) - (A): <u>2</u> Feet Below Land Surface	Well yielded <u>250</u> GPM with a drawdown of
Test Pumping Rate: <u>296</u> Gallons Per Minute	<u>7</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.

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer