

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-194
L. S. Elevation: _____
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

Owner Name: ARLO INC.
Mailing Address: 2555 AVON-DARLOVE
Hollandale MS 38748
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 33° 16' 55" N Longitude: 90° 56' 21" W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 32 Twn 17 N Rng 7 W
Distance Direction Nearest Town
3 Miles West of Arcola

Well Data

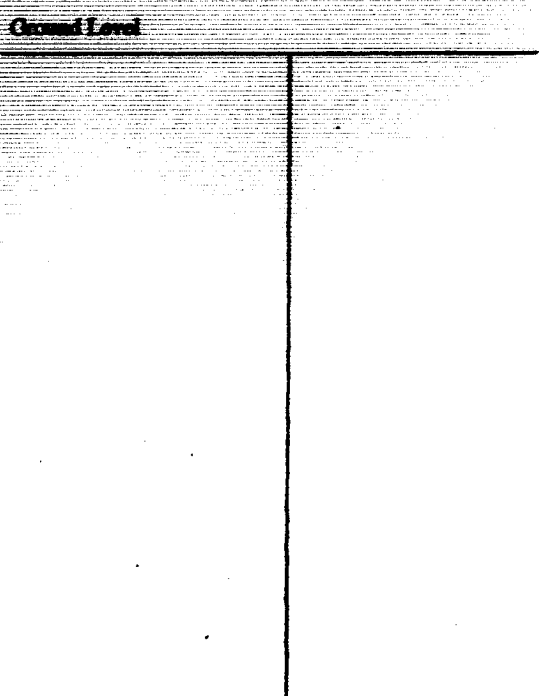
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-16-05 Date well drilling completed: 5-16-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 27 feet above or below (circle one) land surface Date measured: 5-16-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 50 feet Casing diameter: 10 inches Type of casing: plc
Screen length: 40 feet Screen diameter: 10 inches Type of screen: plc
Screen slot size: .035 inches Setting depth: From 50 feet to 90 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.

William Coppage 0422
Print Name of Water Well Contractor and License No.

William Coppage
Signature of Water Well Contractor

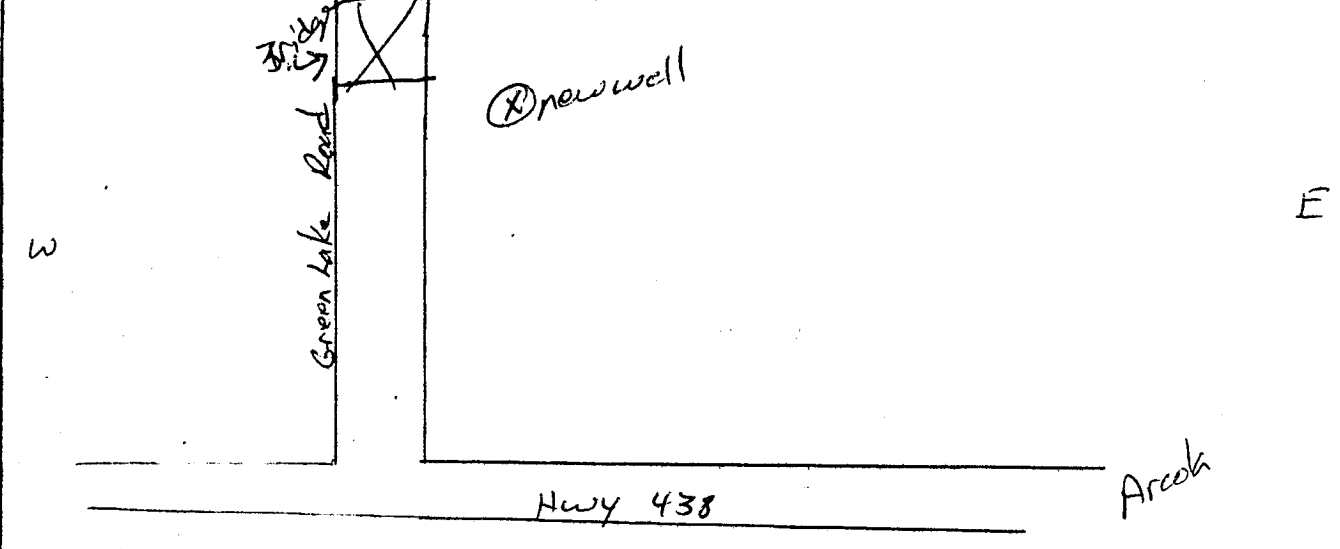
H-194



Description of Formations Encountered	From	To
clay	0	30
med. sand	30	45
course sand & p-gravel	45	90
clay	90	

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: _____

William [Signature]
 Signature of Water Well Contractor

DATE: _____
 BY: _____

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: Washington
 Permit #: MSGW 40202
 Driller: Charles M. Nichols
 Date completed: 5-30-05

For Office Use Only:
 Aquifer: _____
 Well #: H-194
 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: _____	Latitude: <u>33° 16' 53" N</u> Longitude: <u>090° 56' 21" W</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>32</u> Twn <u>17N</u> Rng <u>7W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>West</u> of <u>Arcola</u>

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>5-24-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

Charles M. Nichols 0-0667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

87-01274