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)

County: Washington
Permit #: GW 4[illegible]95
Driller: Charles M. Nichols
Date drilling completed: 4-14-06

For Office Use Only:
Aquifer:
Well #: K-128
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: Mike Lewis
Mailing Address: James Plantation
4661 Hwy. 1 So.
Hollandale MS 38748
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 33 · 11 · 52 N Longitude: 091 · 02 · 56 W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ NW ¼ Sec. 35 Twn. 16N Rng. 5W
Distance 2 1/2 Miles Direction South of Nearest Town Avon

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 4-14-06 Date well drilling completed: 4-14-06
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 15 feet above or below (circle one) land surface Date measured:
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 93 Well depth: 93 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 53 feet Casing diameter: 16 inches Type of casing: pvc
Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc
Screen slot size: .035 inches Setting depth: From 53 feet to 93 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe):
Top of lap pipe: 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.

Matt Nichols 0-0667
Print Name of Water Well Contractor and License No.

Matt Nichols
Signature of Water Well Contractor

K-128

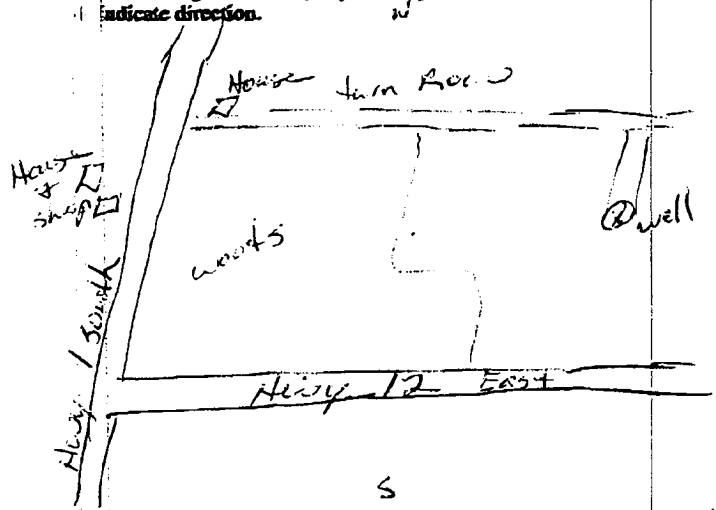
6-4-1995

Ground Level

Description of Formations Encountered	From	To
Clay	0	10
Course Sand	10	93
Pea Gravel		
Clay	93	

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 [illegible] in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; [illegible] indicate direction.



Landowner Name: Mike Lewis

Signature of Water Well Contractor

STATE WELL RETURN

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 #: [illegible]
Driller: Matt Nichols
Date completed: 4-19-06

For Office Use Only:
Aquifer:
Well #: K-128
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

Owner Name: Mike Lewis
Mailing Address:
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 33° 11' 52 N Longitude: 091° 02' 56 W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ NW ¼ Sec. 35 Twn 16N Rng 8W
Distance 2 1/2 Miles Direction South of Nearest Town Avon

Pump Type Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 4-19-06
Rated Pump Capacity: 2500 Gallons Per Minute

Power Type Circle one

Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor:
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

Date Well Tested:
Static Water Level (A): 15 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B)-(A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of feet after hours of pumping

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer