

Hobart Bro.
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 #: K-129
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: OW 41208
Driller: O-773 JOHN NEWLOME
Date drilling completed: 7-10-06

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>HOBART BROTHERS</u> | Latitude: <u>33.13.41</u> Longitude: <u>090.58.28</u> |
| Mailing Address: <u>160 BUTCH WILSON RD.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>GPS</u> |
| <u>ADLANDALE, MS. 38748</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 Sec 19 Twn 16N Rng 8W</u> |
| Telephone No: <u>662-822-5483</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>E</u> of <u>AVON</u> |

Well Data

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

Date well drilling started: 7-10-06 Date well drilling completed: 7-10-06

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-10-06

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

Hole depth: 83 Well depth: 82 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 27 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 53-73 feet to 75-82 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.

JOHN NEWLOME O-773

Print Name of Water Well Contractor and License No.

[Signature]

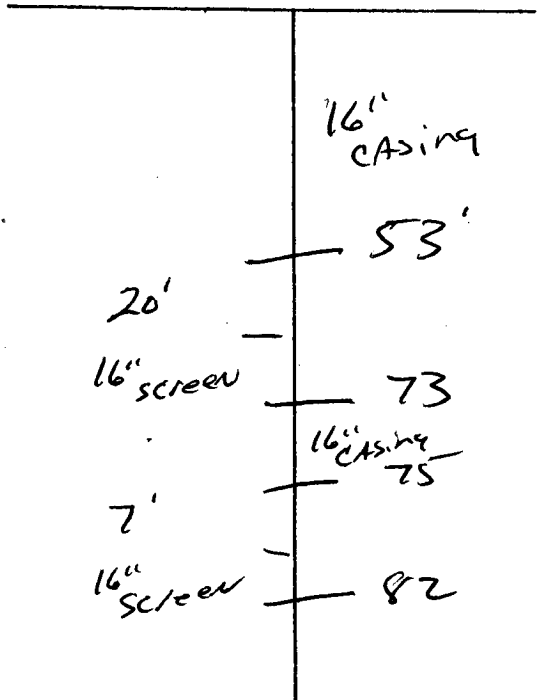
Signature of Water Well Contractor

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BY OLWR

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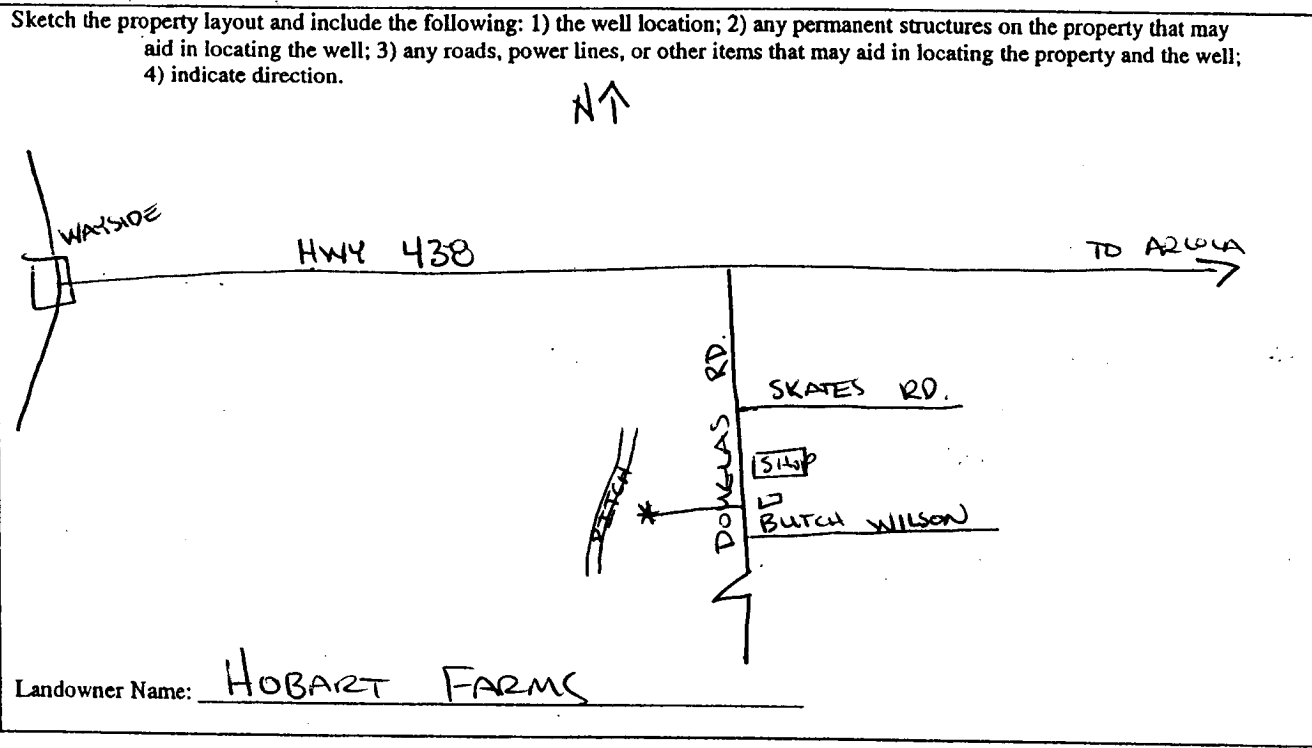
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOP Soil | 0 | 10 |
| Mix CLAY | 10 | 35 |
| Fine Sand | 35 | 53 |
| COARSE SAND | 53 | 73 |
| Fine Sand | 73 | 75 |
| COARSE SAND | 75 | 82 |
| Gray CLAY | 82 | 83 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If more than one screen, show location of each on sketch



[Signature]
Signature of Water Well Contractor

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 #: K-129

Elevation: _____

County: WASHINGTON
Permit #: 6W41208
Driller: JOHN NEWCOME
Date completed: 7-12-06

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>HOBART BROTHERS</u> | Latitude: <u>33-13-41</u> Longitude: <u>090-58-28</u> |
| Mailing Address: <u>1100 BUTCH WILSON RD.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>HOLLANDALE, MS. 38748</u> | NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>19</u> Twn <u>16N</u> Rng <u>8W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No: <u>662-822-5483</u> | <u>4</u> Miles <u>E</u> of <u>AVON</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>7-12-06</u> | Setting Depth: <u>600</u> feet |
| Rated Pump Capacity: <u>2000</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| 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) <u>NO TEST</u> 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.

GLEN ROWE #710-P _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR