

Drift well north well

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 #: L-170
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: _____
Driller: J. NEWCOME 0-773
Date drilling completed: 7-24-07

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>DRIFWOOD Mitigation Area</u>	Latitude: <u>33° 13' 08"</u> Longitude: <u>90° 57' 29"</u>
Mailing Address: <u>40 Corp of Engineers</u> <u>4455 Clay St.</u> <u>Vicksburg, MS 39183</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4</u> Sec <u>21</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>601-529-5282</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>HOLLANDALE</u>

Well Data

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

Date well drilling started: 7-24-07 Date well drilling completed: 7-24-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 86 Well depth: 85 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PUC

Screen length: 25 feet Screen diameter: 10 inches Type of screen: PUC

Screen slot size: .050 inches Setting depth: From 60 feet to 85 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 NEWCOME 0-773

Print Name of Water Well Contractor and License No.

John Newcome

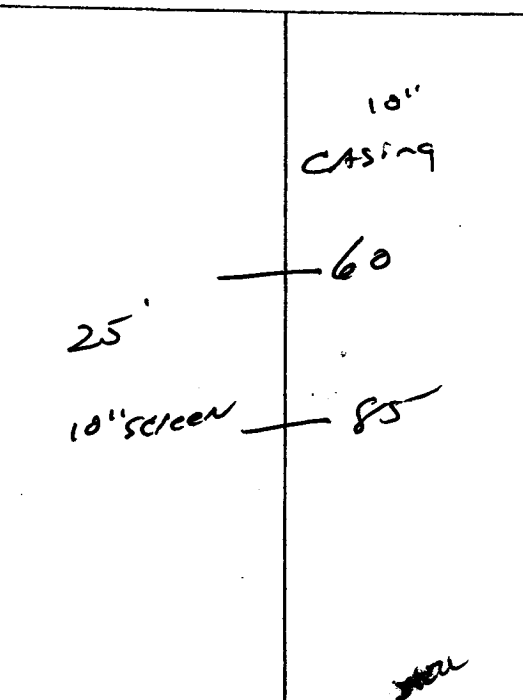
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

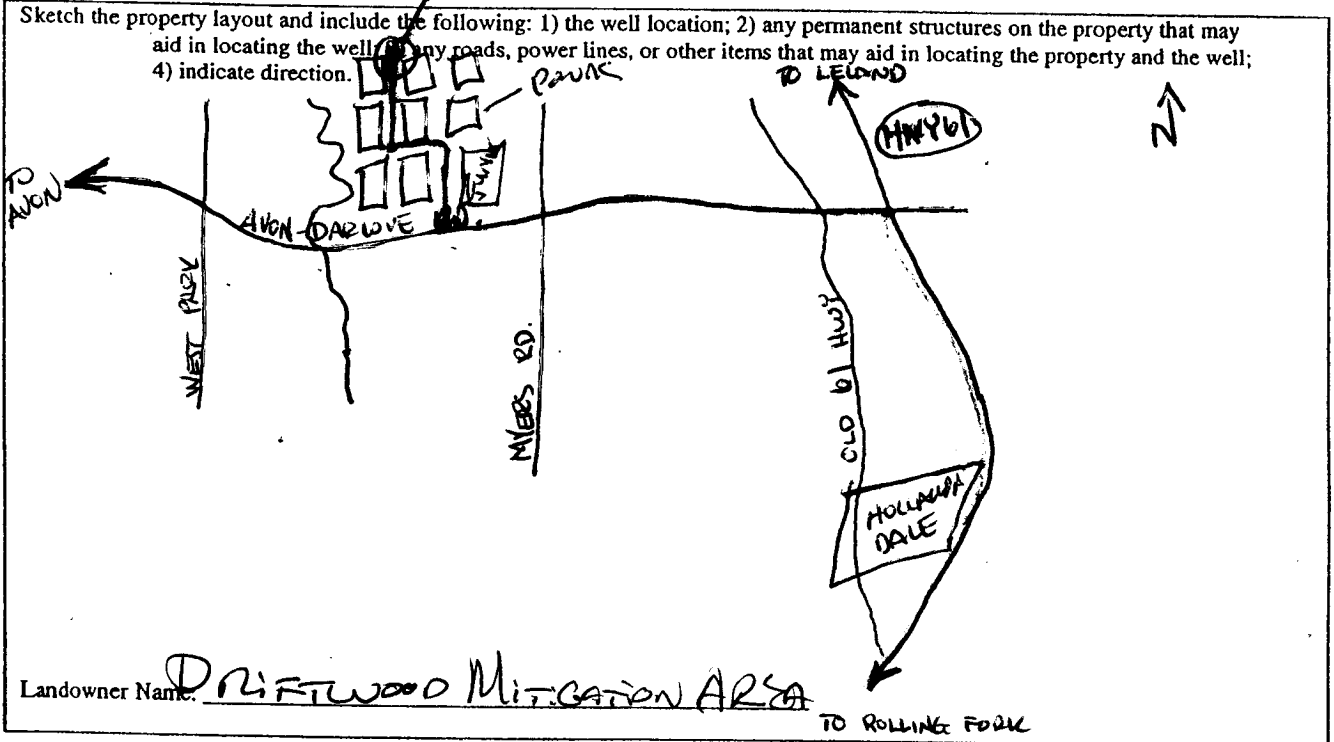
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
FINE SAND	40	60
COARSE SAND	60	85
GRAVEL	85	86

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: DRIFTWOOD Mitigation AREA

[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 #: L-170

Elevation:

County WASHINGTON

Permit #:

Driller J. NEWCOMB 0-773

Date completed 7-24-07

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 DRIFTWOOD MITIGATION
Mailing Address c/o CORP OF ENGINEERS
4455 CLAY ST.
VICKSBURG, MS. 39183
City State Zip Code

Telephone No. 601-529-5282

Well Location

Latitude 33-13-08 Longitude 090-57-29

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS Survey-grade GPS

SE 1/4 NW 1/4 Sec 21 Twn 16N Rng 7W

Distance Direction Nearest Town

4 Miles NW of HOLLANDALE

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify):

Date Pump Installed: 7-26-07

Rated Pump Capacity: 1000 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: 15

Setting Depth: 70 feet

Number of Stages: 1

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Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: TEST 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.

GLEN RONE 710-P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer