

YAZOO-THEODORE ROOSEVELT

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 #: N-140
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6W42167
Driller: J. NEWCOME
Date drilling completed: 9-20-07

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>ROOSEVELT WILDLIFE REFUGE</u> | Latitude: <u>33.44.535</u> Longitude: <u>090.17.891</u> |
| Mailing Address: <u>728 YAZOO REFUGE RD.</u> | <u>33 06 52</u> <u>91 00 36.84</u> Method of Lat/Long (circle one): Conventional Survey. |
| <u>HOLLANDALE, MS. 38748</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SE 1/4</u> Sec <u>27</u> Twn <u>15N</u> Rng <u>8W</u> |
| Telephone No. <u>(662-820-1528)</u> | Distance Direction Nearest Town <u>9</u> Miles <u>SW</u> of <u>HOLLANDALE</u> |

Well Data

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

Date well drilling started: 9-20-07 Date well drilling completed: 9-20-07

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: P.V.C. OLWR

Screen length: 35 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 65 feet to 100 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): _____

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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.

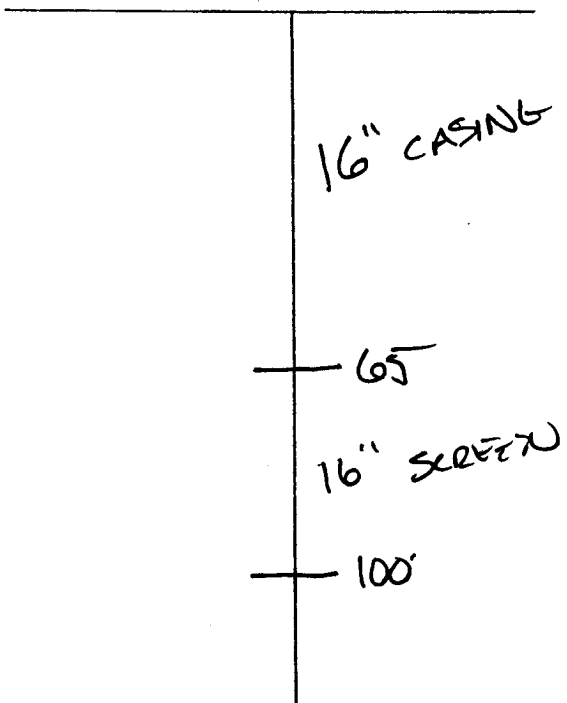
JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

N- 140

If well telescopes please sketch below and show depths.

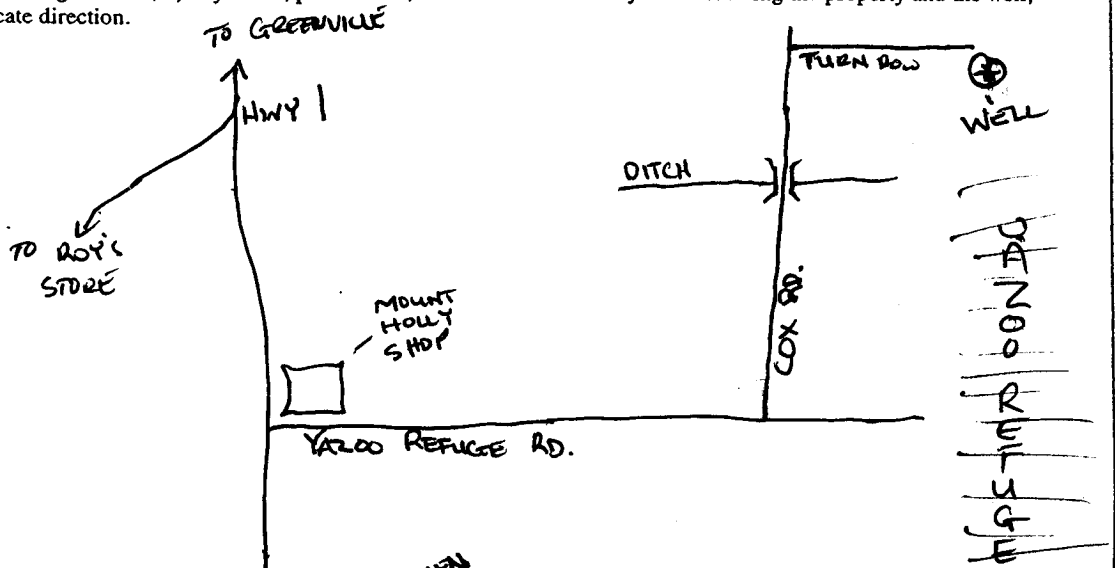
Ground Level



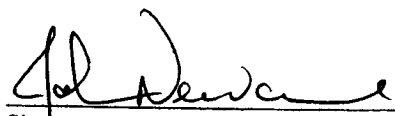
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 10 |
| MIX CLAY / FINE SAND | 10 | 50 |
| FAIR / FINE SAND | 50 | 65 |
| FAIR / GOOD | 65 | 75 |
| GOOD / PEA GRAVEL | 75 | 100 |
| BIG ROCKS / CLAY BOTTOM | 100 | 103 |
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If 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: ROSEBOLT WILDLIFE REFUGE


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 #: N-140

Elevation: _____

County: WASHINGTON
Permit #: QW42167
Driller: J. NEWCOME
Date completed: 9/20/07

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 | Well Location |
|---|---|
| Owner Name: <u>ROOSEVELT W/2 LIFE REFUG</u> | Latitude: 33 44 53 Longitude: <u>90 17 89</u> |
| Mailing Address: <u>728 YAZOO REFUGER RD.</u> <u>HOLLANDALE, MS. 38748</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | NW <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS 33 <u>33</u> $\frac{1}{4}$ 49 <u>49</u> $\frac{1}{4}$ Sec 53 <u>53</u> Twp 09 <u>09</u> Rng 8W <u>8W</u> |
| Telephone No: <u>662-820-1528</u> | <u>SE</u> <u>SW</u> <u>27</u> <u>15N</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift: <input type="radio"/> Jet <input type="radio"/> Submersible | <input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket: <input type="radio"/> Piston <input checked="" type="radio"/> Turbine | Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>600</u> |
| Date Pump Installed: <u>9/21/07</u> | Setting Depth: <u>20</u> feet |
| Rated Pump Capacity: <u>3000-2500</u> Gallons Per Minute | Number of Stages: <u>2-12</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>No Test</u> 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.

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

Glen Rowe
Signature of Pump Installer