

County WASHINGTON
 Permit #: CW 41578
 Driller: SCHUDCO Drilling
 Date drilling completed: 3-16-07

State Well Report
 Part I
 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)

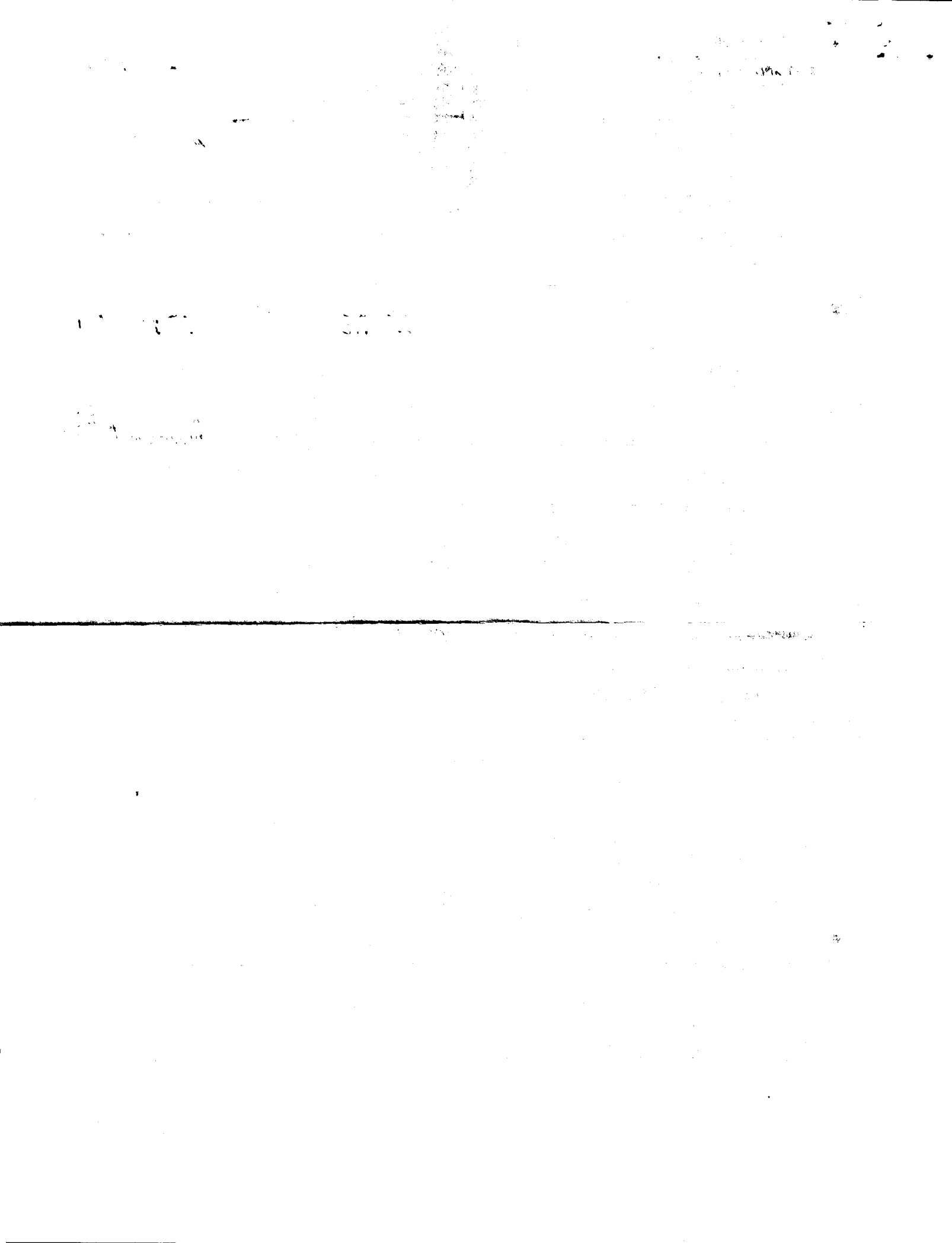
For Office Use Only:
 Aquifer: _____
 Well #: P-147
 L.S. Elevation: _____
 E-log #: _____

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		Well Location	
Owner Name: <u>JAMES DOMINA</u>	Latitude: <u>33° 11' 02" N</u>	Longitude: <u>90° 48' 00" W</u>	
Mailing Address: <u>210 CYPRESS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Hollandale</u> MS. <u>38748</u>	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS		
City State Zip Code	<u>SE 1/4 NE 1/4</u> Sec <u>3</u>	Twn <u>15 N</u>	Rng <u>6 W</u>
Telephone No. <u>(662) 827-2408</u>	Distance <u>4</u> Miles	Direction <u>E</u>	Nearest Town <u>HOLLANDALE, MS.</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Replacement</u> ^{CW-12525}			
Date well drilling started: <u>3-16-07</u>		Date well drilling completed: <u>3-16-07</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>			
Static Water Level: <u>32</u> feet above or below (circle one) land surface		Date measured: <u>3-17-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: <u>N/A</u>			
Hole depth: <u>123</u>	Well depth: <u>123</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>83</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches		Setting depth: From <u>0</u> feet to <u>123</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Undreamed Telescoped Open hole Natural Development			
Other (describe): <u>N/A</u>			
Top of tap pipe or reduction in casing: <u>N/A</u> 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: <u>N/A</u>			
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.			
<u>Robert Byars</u> <u>0-543</u>		<u>Robert Byars</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

Replacement well

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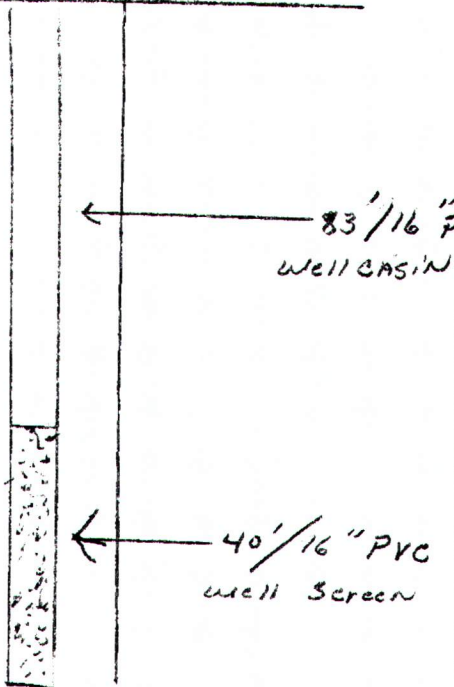


If well telescopes please sketch below and show depths.

P-147

Ground Level

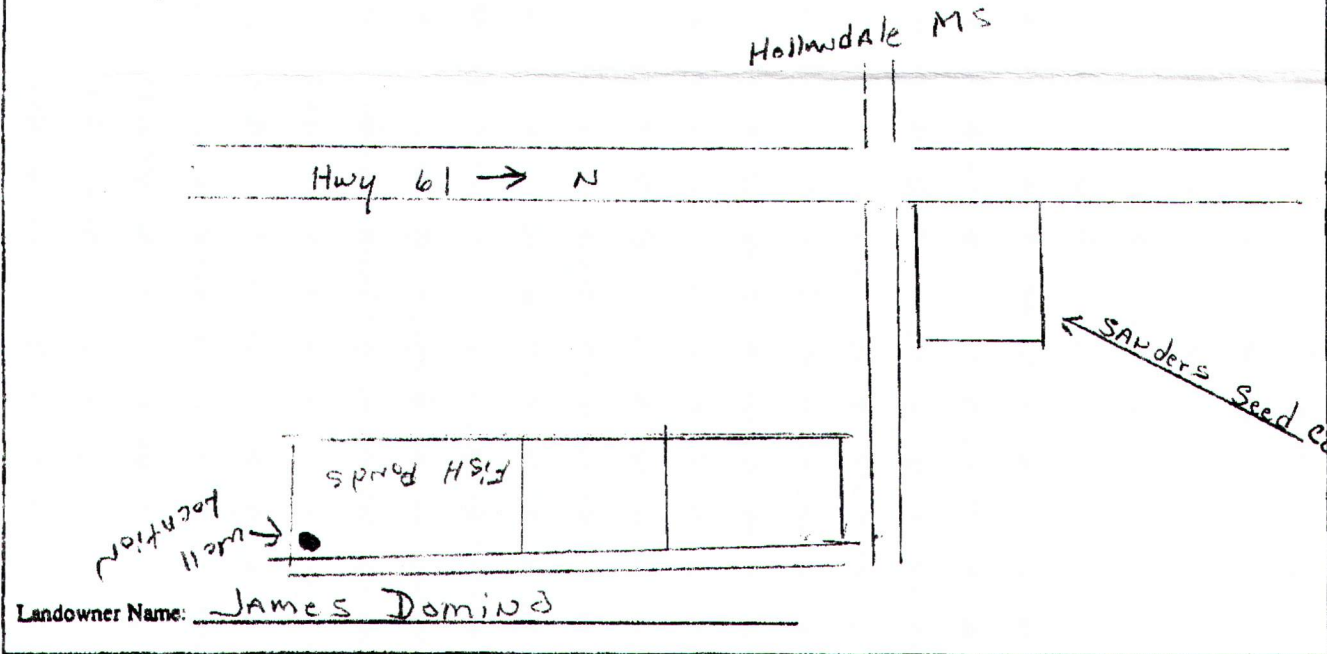
GW41578



Description of Formations Encountered	From	To
CLAY	0	15
SAND	15	40
med to coarse SAND	40	60
COURSE SAND	60	90
COURSE SAND little P gravel	90	100
COURSE SAND P-gravel & gravel	100	123

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

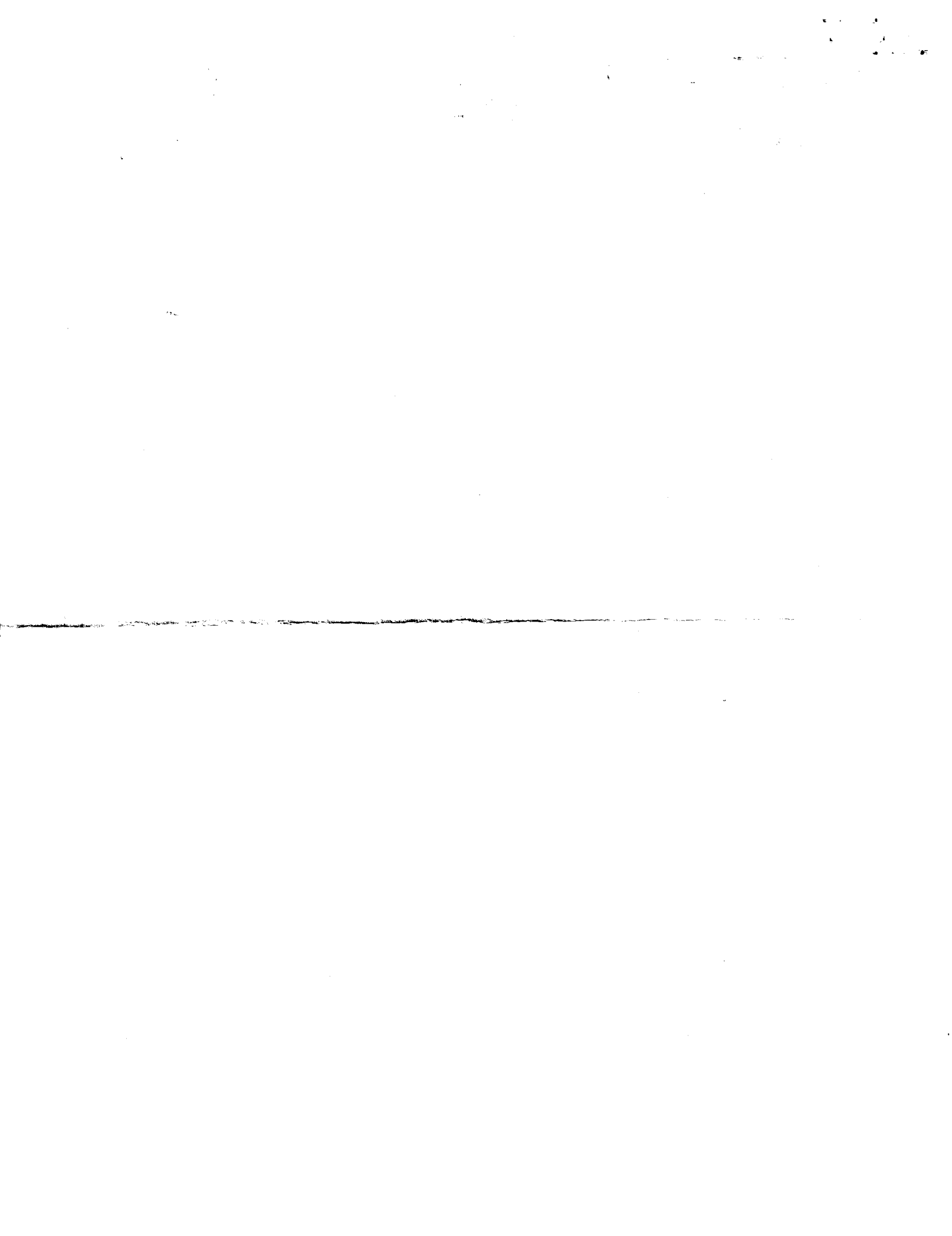
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Robert Byars
Signature of Water Well Contractor

Replacement well

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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 #: P-147

Elevation: _____

County: WASHINGTON
Permit #: GW41578
Driller: Schudes Drilling
Date completed: 3-17-07

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>JAMES DERRIN</u>	Latitude: <u>33° 11' 02" N</u> Longitude: <u>090° 48' 00" W</u>
Mailing Address: <u>210 Cypress</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	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(662) 823-2408</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>E</u> of <u>Hollandale, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>N/A</u>
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3-17-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2,700</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
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.

Robert Byars 0-543 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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