

County: WASHINGTON

Permit #: 60240394

Driller: 0-773

Date drilling completed: 10-21-05

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 #: 5-147

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>MISSISSIPPI MUD, INC.</u>	Latitude: <u>33.04.575</u> Longitude: <u>091.01.973</u>
Mailing Address: <u>60 ELECTRA CIRCLE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>THE WOODLANDS, TX. 77382</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 3 Twn 14N Rng 8W</u>
Telephone No: <u>602 839-5372</u>	Distance Direction Nearest Town
	<u>2.7</u> Miles <u>S</u> of <u>CHATHAM</u>

**Well Data**

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

Date well drilling started: 10-21-05 Date well drilling completed: 10-21-05

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: 102 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 40' feet to 55' 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.

[Signature]  
Signature of Water Well Contractor

RECEIVED  
NOV 07 2005  
BY: OLWR



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 #: 5-147

Elevation:

County: WASHINGTON
Permit #: 6040396
Driller: 0-773
Date completed: 10/21/05

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: MISSISSIPPI MUD, INC; Mailing Address: 6 ELECTRA CIRCLE THE WOODLANDS, TX. 77382; Telephone No. 662-839-5372
Well Location: Latitude: 33-04-575; Longitude: 091-01-973; Method of Lat/Long: Conventional Survey; USGS quad: SE 1/4 SE 1/4 Sec 3 Twn 14N Rng 8W; Distance: 2.7 Miles; Direction: 5; Nearest Town: CHATHAM

Pump Type: Turbine; Power Type: Diesel Engine; Air Lift: Jet; Bucket: Piston; Centrifugal: Rotary; Other (specify):; Date Pump Installed: 10/22/05; Rated Pump Capacity: 3000 Gallons Per Minute; Diesel Engine; Gasoline Engine; Natural Gas; Electric Motor; Hand; Tractor PTO; Windmill; Other (specify):; Horse Power Rating of Motor: 600; Setting Depth: 600 feet; Number of Stages: 1 - (14WS ROWE)

Pump Test Data: Date Well Tested: No TEST; Static Water Level (A): 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): NOT PUMPED; 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 ROWE #710-P
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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NOV 07 2005
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