

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 #: 5-148
 L. S. Elevation: _____
 E-log #: _____

County: WASHINGTON
 Permit #: 60040397
 Driller: 0-773
 Date drilling completed: 10/20/05

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>32° 04' 181"</u> Longitude: <u>091° 01' 939"</u>
Mailing Address: <u>6 ELETRA 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>SW 1/4 SW 1/4 Sec 3 Twn 14N Rng 8W</u>
Telephone No: <u>662 839-5372</u>	Distance Direction Nearest Town
	<u>2.1</u> Miles <u>WEST</u> of <u>MARATHON</u>

Well Data

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

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

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: 108 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 57 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 48 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 47 feet to 60 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.

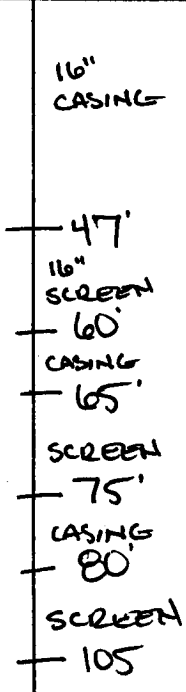
JOHN NEWCOME 0-773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

5-148

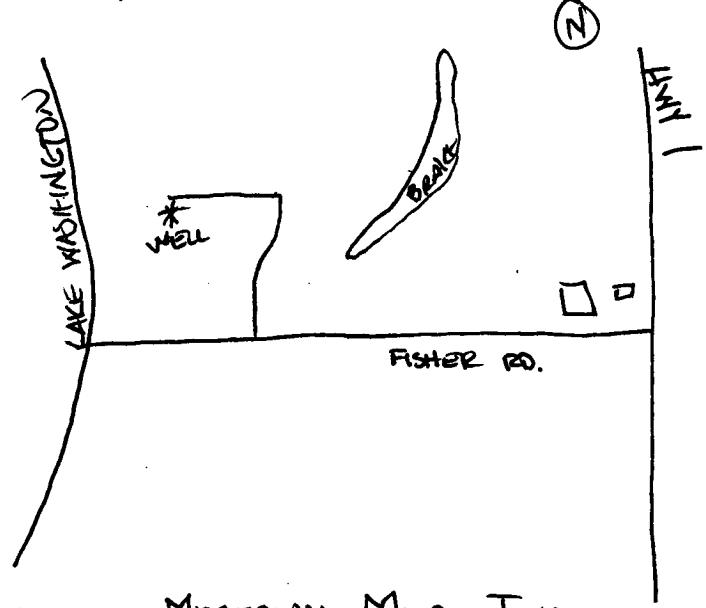
Ground Level @ 6240397



Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND	10	47
COARSE SAND	47	60
FINE SAND	60	65
COARSE SAND	65	75
FINE SAND	75	80
COARSE SAND	80	105
GRAY CLAY	105	108

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: MISSISSIPPI MUD INC.

J. Newsome

Signature of Water Well Contractor

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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 #: 5-148

Elevation: _____

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>MISSISSIPPI MUD, Inc.</u>	Latitude: <u>32-04-181</u>	Longitude: <u>091-01-939</u>	
Mailing Address: <u>6 ELECTRA Circle</u> <u>THE WOODLANDS, TX. 77382</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>3</u> Twn <u>14N</u> Rng <u>8W</u>		
Telephone No. <u>662-839-5372</u>	Distance: <u>2.1</u> Miles	Direction: <u>WEST</u>	Nearest Town: <u>MARATHON, Ms.</u> <u>ON FISCHER RD</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>600</u>		
Date Pump Installed: <u>10/21/05</u>			Setting Depth: <u>600</u> feet		
Rated Pump Capacity: <u>3000</u> Gallons Per Minute			Number of Stages: <u>1 - (14WS Bowl)</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): <u>NOT TESTED</u> Feet Below Land Surface	Other (specify): <u>NOT TESTED</u>		
Pumping Water Level (B): <u>NOT TESTED</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)

[Signature]
 Signature of Pump Installer

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