

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-28
L. S. Elevation: _____
E-log #: _____

County: Winston
Permit #: _____
Driller: McDonald & Heil
Date drilling completed: 8-1-05

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>DEANA WATKINS</u> | Latitude: " " Longitude: " " | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>602 Henry Donald Rd</u> | City: <u>Nox Apate MS</u> State: <u>MS</u> Zip Code: <u>39344</u> | 1/4 Sec: <u>9</u> Twn: <u>13 N</u> Rng: <u>12 E</u> | Distance: <u>1</u> Miles Direction: <u>W</u> of Nearest Town: <u>Nox Apate</u> |
| Telephone No. <u>662-803-9077</u> | | | |

Well Data

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

Date well drilling started: 7-26-05 Date well drilling completed: 8-1-05

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 8-1-05

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

Hole depth: 575 Well depth: 570 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 525 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .000 inches Setting depth: From 520 feet to 570 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.

McDonald & Heil, Inc. # 0-8 Bur Heil

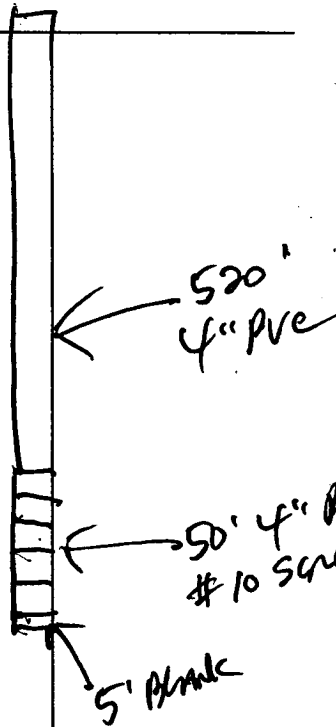
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
AUG 08 2005
BY: OLWR

If well telescopes please sketch below and show depths.

P-28

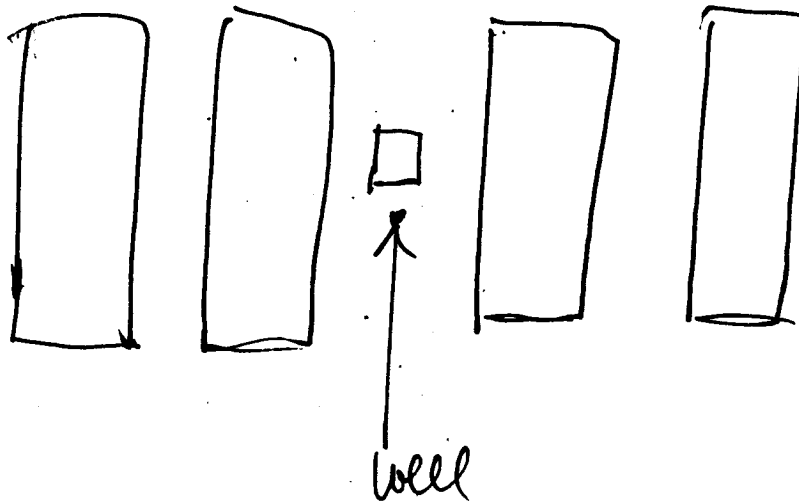
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| SAND & clay | 0 | 20 |
| CLAY | 20 | 60 |
| SHALE | 60 | 410 |
| SANDY SHALE | 410 | 470 |
| PINK clay | 470 | 490 |
| SANDY SHALE | 490 | 540 |
| # 8, 10 SAND | 540 | 570 |
| Rock | 570 | 575 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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:

REANA WATKINS

Bus Hill
Signature of Water Well Contractor

RECEIVED
AUG 08 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)

County: Winston
 Permit #: _____
 Driller: Mr. Donald & Heidi
 Date completed: 8-4-05

For Office Use Only:

Aquifer: _____
 Well #: P-28
 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>DEANA WATKINS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>602 Henry Donald rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>MOxapaten, AL 39346</u> | _____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>13N</u> Rng <u>12E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 803-9077</u> | <u>1</u> Miles <u>W</u> of <u>MOxapaten</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>8-4-05</u> | Setting Depth: <u>220</u> feet |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: <u>9</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>8-4-05</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>130</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>180</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface | Well yielded <u>50</u> GPM with a drawdown of |
| Test Pumping Rate: <u>50</u> Gallons Per Minute | <u>50</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Mr. Donald & Heidi, Inc. #0-8 Bar Heidi
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 AUG 08 2005
 BY: OLWR