

MAR-23-05 07:53 FROM-LAND & WATER

601-354-6938

T-087 P.01 F-155

County: Alcorn
 Permit #: _____
 Driller: Frost
 Date drilling completed: 9/29/08

State Well Report
Part I - Driller's Log
 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 #: H-147
 I. S. Elevation: _____
 B-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Owner Name: Darren Cummings
 Mailing Address: 8 CR 329 B
Corum MS 38834
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 Sec 29 Twp 25 Rng 8 E
 Distance _____ Direction _____
 1 Mile _____ of _____
 3 " _____ S of FARMINGTON

Well / Borehole Data
 Date drilling started: 9/29 Date drilling completed: 9/29 Hole depth: 150' Hole diameter: 4"
 Location of the source of any surface water used for drilling: NONE
 Method of dosing and volume of Chlorine used in drilling and development: NONE
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
 If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 75 feet above or below (circle one) land surface Date measured: 10/3/08
 Method of Measurement (circle one) steel tape electric tape air line other: PVC PIPE
 Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 130 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .013 inches Setting depth: From 130 feet to 150 feet
 Type of completion (circle all applicable): Gravel pack Undersamed 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 next page

MAR-23-05 07:53 FROM-LAND & WATER

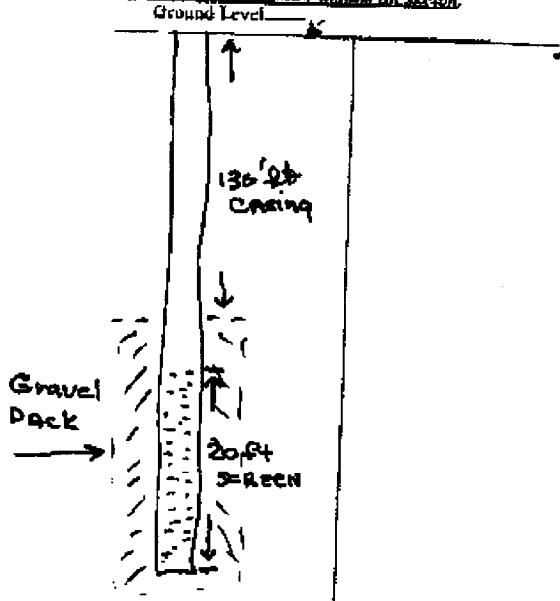
801-354-6838

T-097 P.02 F-156

H-147

The sketch below only required for water wells

If well encounters water depths on sketch



Description of formations encountered must be provided for all wells and borings; indicate specifically removed by reclamation

Description of Formations Encountered	From (depth)	To (depth)
Red Sand	Ground Level	40
Blue Sand	40	80
Grey Sand	80	110
Sand	110	150

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) a north arrow.

Landowner Name: _____

I certify that the well/borings was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Frost Bernard Frost 0-0217 10-8-08

Print Name of Responsible Licensee and License No.

Date

Bernard Frost

Signature of Licensee

Form: OLWR-SWR-1A

WAR-23-05 07:53

FROG-LAND & WATER

601-954-6938

T-087 - P.09

F-155

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: DeWitt
 Permit #: 3700
 Driller: Frost
 Date completed: 10/3/08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H-147
 Elevation: _____

This part of the report must be completed by a bonded water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Darren Cummings</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8 CR 329B</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>DeWitt</u> <u>MS</u> <u>38834</u>	_____ 1/4 _____ 1/4 Sec. <u>27</u> <u>T 2S</u> <u>R 8E</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>S</u> of <u>July 72</u> <u>3</u> miles <u>S</u> of <u>Farmington</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>10/3/08</u>	Setting Depth: <u>110'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/3/08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>110</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: <u>12</u> Gallons Per Minute	
Duration of Pump Test (maximum 4 hours): _____ hours	

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

Bernard Frost 0-0217
 Print Name of Pump Installer and License No. (if applicable)

Bernard Frost
 Signature of Pump Installer