

Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on next page

Other (describe): _____

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development

Screen slot size: 0.10 inches Setting depth: From 50 feet to 60 feet

Screen length: 10 feet Screen diameter: 4 inches Type of screen: AC Plastic

Casing length: 50 feet Casing diameter: 4 inches Type of casing: AC Plastic

Well depth: 60 feet Well grouted to a depth of 10 feet Type of grout (circle one): Bentonite Near Cement Mix

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 1-9-08

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

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

If drilling is not related to water well construction, skip the remainder of this block

Seismic Survey _____ Other (describe) _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Name of organization running log(s): _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm 1 liter

Location of the source of any surface water used for drilling: Boyle Super

Date drilling started: 1-9-08 Date drilling completed: 1-9-08 Hole depth: 60 Hole diameter: 4

Well / Borehole Data

<p>Telephone No. (662) <u>471-1550</u></p> <p>City <u>Amma</u> State <u>MS</u> Zip Code <u>38672</u></p> <p>Mailing Address: <u>1954 Highway 5</u></p> <p>Owner Name <u>Robert C. Simpson</u></p> <p>(Landowner if borehole is not for a water well)</p>	<p>Distance <u>5</u> Miles Direction <u>S</u> of Nearest Town <u>1147 L</u></p> <p><u>1/4</u> Sec <u>25</u> Twp <u>T25</u> Rng <u>R1E</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>Latitude: _____ Longitude: _____</p>
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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

For Office Use Only:

Acquirer: _____ Well #: E 103 L. S. Elevation: _____ E-log #: _____

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)

County: Butter

Permit #: 565

Driller: Wesley Lee Casaway

Date drilling completed: 1-9-08

REDRILL

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: BENTON
 Permit #: 565
 Driller: JOHN LAM
 Date completed: 1-9-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-103
 Elevation: _____

This part of the report must be completed by a licensed 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>ROBERT C. SIMPSON</u>	Latitude: _____ Longitude: _____						
Mailing Address: <u>19954 HIGHWAY 5</u>	Method of Lat/Long (check one): Conventional Survey _____						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>LAMAR</u></td> <td style="border: none;"><u>MS</u></td> <td style="border: none;"><u>38642</u></td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	<u>LAMAR</u>	<u>MS</u>	<u>38642</u>	City	State	Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LAMAR</u>	<u>MS</u>	<u>38642</u>					
City	State	Zip Code					
Telephone No. <u>(662) 471-1550</u>	_____ 1/4 _____ 1/4 Sec <u>28</u> T <u>T2S</u> R <u>R1E</u>						
	Distance _____ Direction _____ Nearest Town _____						
	<u>5</u> Miles <u>S</u> of <u>Highway 72</u>						

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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>1 1/2</u>
Date Pump Installed: <u>1-9-08</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>AVC PLASTIC PIPE</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22</u> 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 D. Hill 0-418
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer