

County: Benton
 Permit #: _____
 Driller: R. Medlin
 Date drilling completed: 11-11-05

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 #: Q-47
 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>Ricky Pipkin Jr.</u> | Latitude: <u>NA</u> | Longitude: <u>NA</u> | |
| Mailing Address: <u>White Side Cove</u> | Method of Lat/Long (circle one): Conventional Survey, | | |
| <u>Hickory Flat</u> MS. <u>38633</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City State Zip Code | <u>1/4</u> | <u>1/4</u> Sec <u>32</u> | Twn <u>5.S</u> Rng <u>1 E</u> |
| Telephone No. <u>662 333-7065</u> | Distance: <u>2 1/2</u> Miles | Direction: <u>S.W.</u> | Nearest Town: <u>Hickory Flat</u> |

Well Data

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

Date well drilling started: 10-26-05 Date well drilling completed: 11-11-05

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

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 11-9-05

Method of Measurement (circle one) steel tape electric tape air line other: depth cord & weight

Hole depth: 735 Well depth: 735 Well grouted to a depth of 22 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 360' feet Casing diameter: 4" inches Type of casing: Sch 40 P.V.C

Screen length: 60 feet Screen diameter: 2" inches Type of screen: Sch 40 P.V.C

Screen slot size: 0.13 inches Setting depth: From 475 feet to 735 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: _____

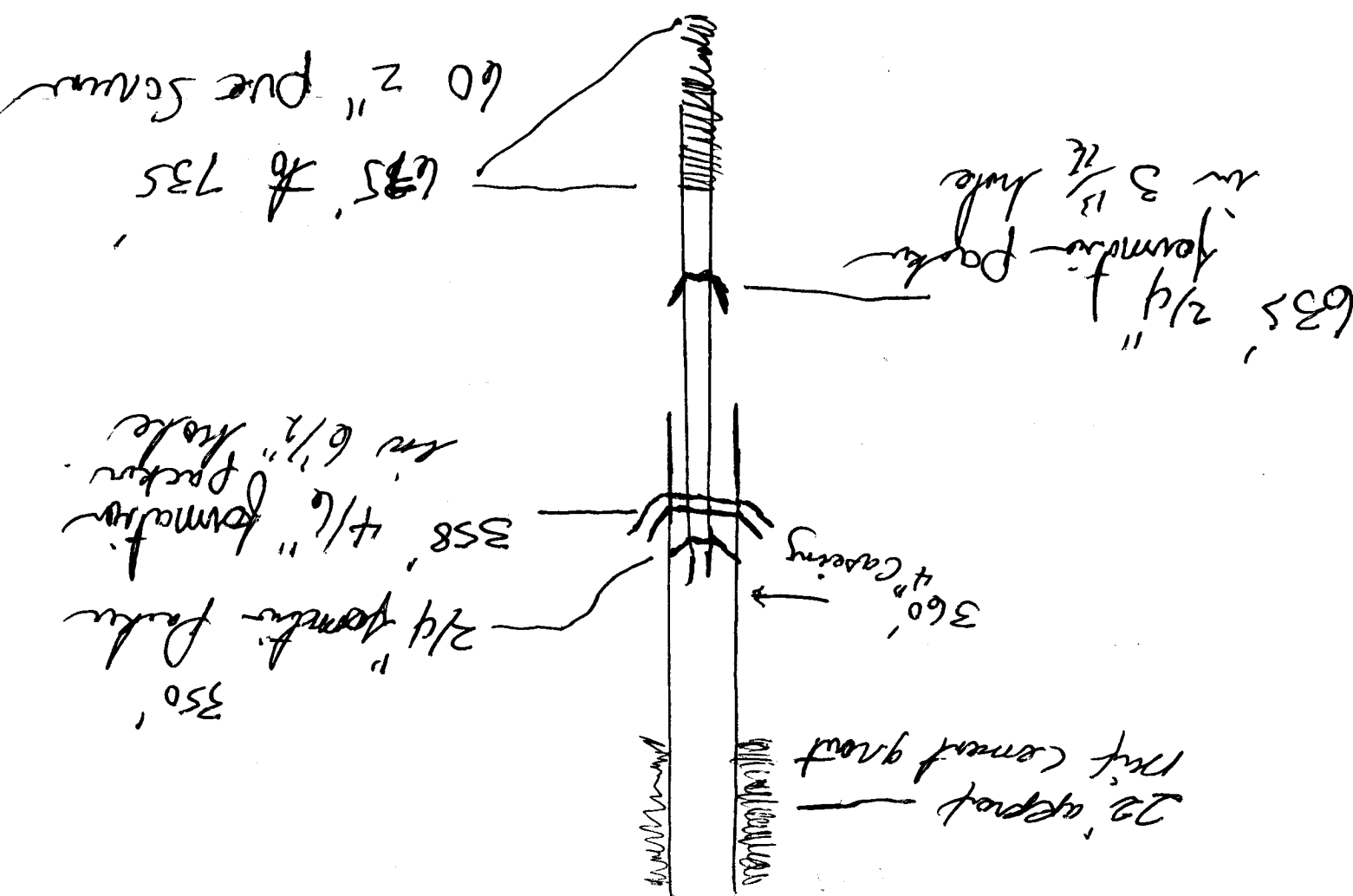
Name of organization running log(s): _____

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.

Ronnie Medlin 0-429
 Print Name of Water Well Contractor and License No.

Ronnie Medlin
 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 #: Q-47
 Elevation: _____

County: Benton
 Permit #: _____
 Driller: R. Mell
 Date completed: 11-11-05

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 | Well Location |
|--|--|
| Owner Name: <u>Ricky Pipkin SR.</u> | Latitude: <u>NA</u> Longitude: <u>NA</u> |
| Mailing Address: <u>White Side Cove</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>Hickory Flat MS.</u> State: <u>MS.</u> Zip Code: <u>38663</u> | _____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>S.S</u> Rng <u>1E</u> |
| Telephone No: <u>662 333 7065</u> | Distance _____ Direction _____ Nearest Town _____ <u>2 1/2</u> Miles <u>SW</u> of <u>Hickory Flat</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>11-9-05</u> | Setting Depth: <u>180'</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>11-9-05</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>140</u> Feet Below Land Surface | Other (specify): <u>mylow card, weight</u> |
| Pumping Water Level (B): <u>154</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4'</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | <u>4</u> feet after <u>7</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>7</u> hours | |

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

Bonnie Medlin 0.429 Ronnie Mell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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If well telescopes please sketch below and show depths.

Q-47

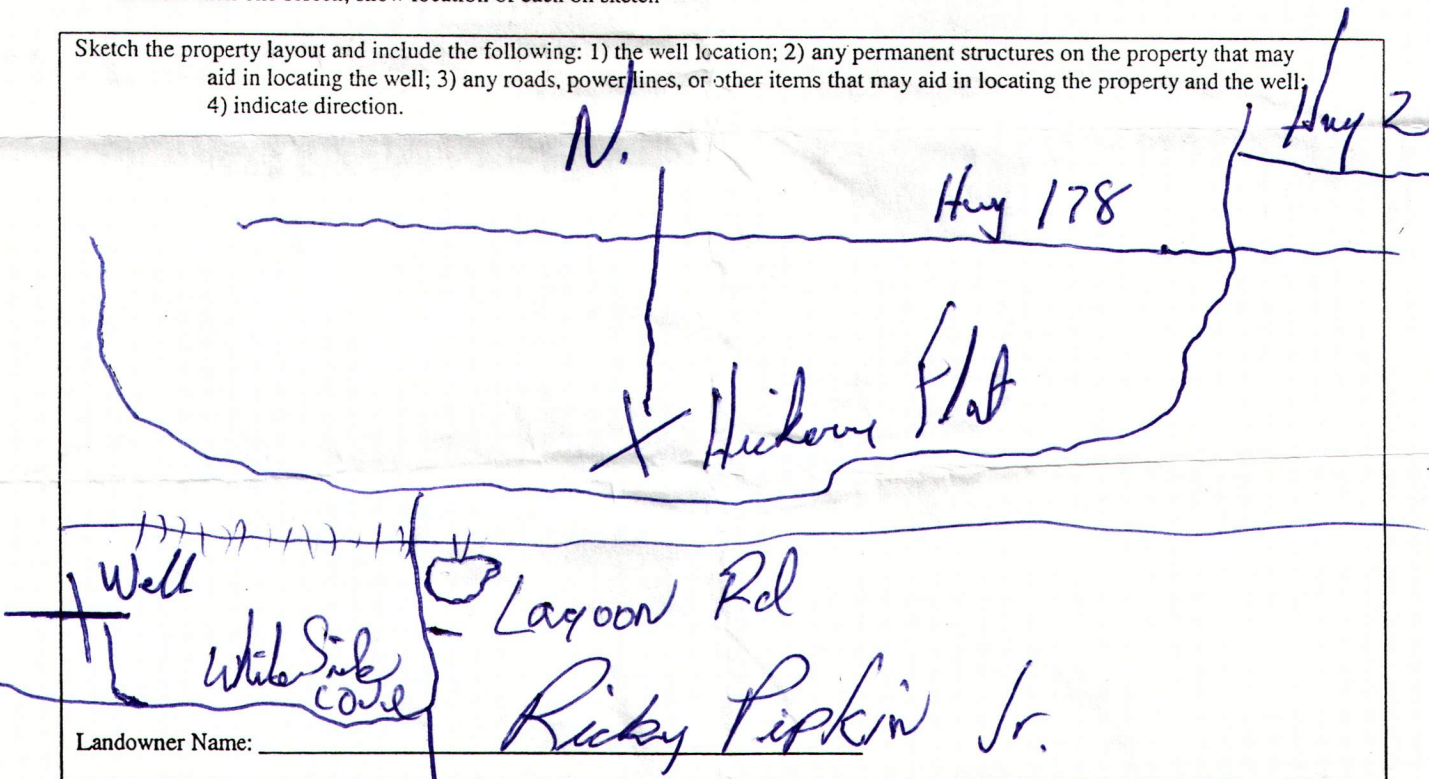
Ground Level

Sketch on BACK
~~Part 2~~
 Part #1

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| top soil, red clay | | |
| Sand mix | 0 | 160 |
| Blue, white clay mix | 160 | 280 |
| Medium soft blue clay | 280 | 420 |
| shell rock, mix | 420 | 590 |
| aquifer of shell | 590 | 735 |

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: _____

[Signature] *[Signature]* 0.429
 Signature of Water Well Contractor

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1941
FEB 1941
SECTION

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