

County: Copiah
 Permit # : _____
 Driller: Mike Smith
 Date drilling completed: 7/28/2006

Well Driller Report and Well 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 #: L-33
 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>Dickerson & Bowen</u>	Latitude: <u>31</u> <u>53</u> <u>836N</u> Longitude: <u>90</u> <u>14</u> <u>140W</u> <u>50</u> <u>08</u>
Mailing Address: <u>P.O. Box 1008</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>hand-held GPS</u> Survey-grade GPS
<u>Brookhaven</u> MS <u>39602</u> City State Zip Code	SW <u>1/4</u> NE <u>1/4</u> Sec <u>19</u> Twn <u>1N</u> Rng <u>1E</u>
Telephone No. <u>601-833-4291</u>	Distance <u>4</u> Miles Direction <u>NW</u> of Nearest Town <u>Georgetown</u>

Well Data

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

Date well drilling started: July 10, 2006 Date well drilling completed: July 28, 2006

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

Static Water Level: 178 feet above or below (circle one) land surface Date measured: July 27, 2006

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

Hole depth: 401 Well depth: 401 Well grouted to a depth of 50 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 210 feet Casing diameter 8 inches Type of casing: Steel

Screen length: 129 feet Screen diameter: 8 inches Type of screen: Stainless Steel Wire Wrap

Screen slot size: 0.016 inches Setting depth: From 201' and 330' feet to 265' and 390' 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: N/A 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): Griner Drilling Service, Inc.

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.

RECEIVED

OCT 05 2006

BY: OLWR

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Charles H. Griner
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Copiah</u>
Permit # : _____
Driller: <u>Mike Smith</u>
Date Completed: <u>July 28, 2006</u>

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 # : <u>L-33</u>
Elevation: _____	

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name <u>Dickerson & Bowen Gravel</u>	Latitude: <u>31 53</u> 836N Longitude: <u>090 14 140</u> W
Mailing Address: <u>P.O. Box 1008</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>Brookhaven</u> MS 39602 City State Zip Code	SW <u>1/4</u> NE <u>1/4</u> Sec <u>19</u> Twn <u>1N</u> Rng <u>1E</u>
Telephone No. <u>601-833-4291</u>	Distance Direction Nearest Town <u>4 Miles</u> NW of <u>Georgetown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piton Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7/28/2006</u>	Setting Depth: <u>320</u> feet
Rated Pump Capacity: <u>300</u> Gallons per minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>NO TEST</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ 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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump test (minimum 4 hours) : _____ hours	

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

Griner Drilling Service, Inc. 0-581
Print Name of Pump Installer and License No. (if applicable)

Charles H. Smith
Signature of Pump Installer

RECEIVED

OCT 05 2006

BY: OLWF

County: Copiah
 Permit #: GN16308
 Driller: Mike Smith
 Date drilling completed: 7/28/2006

Well Driller Report and Well Log

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 Office of Land and Water Resources
 P.O. Box 10631
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For Office Use Only:
 Aquifer: _____
 Well #: L-33
 L.S. Elevation: _____
 E-Log #: _____

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Well Owner Information		Well Location	
Permit: → <u>D & B Sand & Gravel</u>	Owner Name: <u>Dickerson & Bowen</u>	Latitude: <u>31</u> <u>53</u> <u>836N</u>	Longitude: <u>90</u> <u>14</u> <u>140W</u>
Mailing Address: <u>P.O. Box 1008</u>	City: <u>Brookhaven</u> MS <u>39602</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>	USGS quad, <u>30</u> <u>SW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>30</u> <u>Twn</u> <u>1N</u> Rng <u>1E</u>
Telephone No. <u>601-833-4291</u>	City State Zip Code	Distance: <u>4</u> Miles	Direction: <u>NW</u> of Nearest Town: <u>Georgetown</u>

Handwritten notes: Lat & Long = Permit pay Section 30.

Well Data

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Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No. _____

Chad H. Griner
 Signature of Water Well Contractor

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