

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 #: F-74
 L. S. Elevation: _____
 E-log #: _____

County: Forrest
 Permit #: 0-402
 Driller: Tom Griffith
 Date drilling completed: 10-12-08

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. Medice 10-9 No 1

Well Owner Information	Well Location
Owner Name: <u>Energy Drilling</u>	Latitude: <u>31.14.06"</u> Longitude: <u>89.16.56"</u>
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Natchez MS 39120</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>4 4 Sec 10 Twn 3N Rng 13W</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town
	<u>2 Miles S of Hattiesburg</u>

Well Data

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

Date well drilling started: 10-11-08 Date well drilling completed: 10-12-08

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-11-08

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

Hole depth: 500' Well depth: 400' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360' Casing diameter: 4" inches Type of casing: PVC (400' to 600')

Screen length: 95' Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.10 inches Setting depth: From 420 feet to 440' 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: NA 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): MS Geological Survey

I certify that this 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.

Tom Griffith Water Well 0-402 [Signature]
 Print Name of Water Well Contractor and License No. WWC-58 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)

County: Forrest
 Permit #: 0-402
 Driller: Tom Griffith
 Date completed: 10-12-08

For Office Use Only:

Aquifer: _____
 Well #: F-74
 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>Energy Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Natchez MS 39120</u>	USGS quad, Hand-held GPS, Survey grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>10</u> Twn <u>3N</u> Rng <u>13W</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Hiburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>10/12/08</u>	Horse Power Rating of Motor: <u>5</u>
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Setting Depth: <u>200</u> feet
	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-12-08</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>106</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>70</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

Tom Griffith Water Well 0-402 Tom Griffith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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