

County: Franklin
 Permit #: _____
 Driller: Tom Griffith & W.W.
 Date drilling completed: 4/26/09

State Well Report

Part I

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 #: K-79
 I. S. Elevation: _____
 B-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>Energy Drilling</u>	Latitude: <u>N 31° 30' 19.2"</u> Longitude: <u>W 90° 43' 82.9"</u> ⁵⁰
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey
<u>Natchez MS 39120</u>	USGS quad. Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>6</u> Twn <u>6N</u> Rng <u>SE</u>
Telephone No. (<u>601</u>) <u>446-5259</u>	Distance <u>3/5</u> Miles Direction <u>N</u> of <u>McCell's Creek</u> MS

Well Data

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

Date well drilling started: 4/24/09 Date well drilling completed: 4/27/09

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

Static Water Level: 10 foot above or below (circle one) land surface Date measured: 4/26/09

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

Hole depth: 360' Well depth: 30' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 5 feet Casing diameter: 4" inches Type of casing: PVC sch 40

Screen length: 25 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.020 inches Setting depth: From 05 feet to 30 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of tap 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: None

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's regulations and state laws.

Tom Griffith & Water Well, Inc. Tom Griffith
 Print Name of Water Well Contractor and License No. 0402 Signature of Water Well Contractor

RECEIVED
 MAY 19 2009
 BY: OLWR

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-79

Elevation: _____

County: Franklin
 Permit #: _____
 Driller: Tom Griffith... Inc.
 Date completed: 4/26/09

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: <u>N31° 30.192</u> Longitude: <u>W090° 43.829</u>
Mailing Address: <u>P.O. Box 905</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>6</u> Twn <u>6N</u> Rng. <u>SE</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town
	<u>3/5</u> Miles <u>N</u> of <u>McCalls Creek MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Platon <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>4/26/09</u>	Setting Depth: <u>30'</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/26/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>sight</u>
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>n/a</u> feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>15</u> feet after <u>n/a</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>n/a</u> hours	

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

Tom Griffith Water Well Tom Griffith
 Print Name of Pump Installer and License No. (if applicable) 0402 Signature of Pump Installer

RECEIVED

MAY 19 2009

BY: OLWF

