

County: George
 Permit #: _____
 Driller: Mike & Wade
 Date drilling completed: 6-4-07

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 #: C-134
 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>Jason Croom</u>	Latitude: <u>30.59 693N</u> Longitude: <u>088.34 733W</u>
Mailing Address: <u>3200 Rocky Creek Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>3</u> <u>T15N</u> <u>R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>N</u> of <u>Lucedale</u>

Well Data

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

Date well drilling started: 6-1-07 Date well drilling completed: 6-1-07

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 210 feet to 220 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.

Michael R Fry / License No. 0408 Michael R Fry
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 JUN 27 2007
 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 39208-0631
 (601) 361-3210
 (800) 354-6236 (In)

County: George
 Permit #: _____
 Driller: Mike Iwad
 Date completed: 6-4-07

For Office Use Only:

Aquifer: _____
 Well #: C-134
 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

Owner Name: Jason Ingram
 Mailing Address: 3200 Rocky Creek Rd
Lucedal MS 39452
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30.59693N Longitude: 88.54733W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Head-hold GPS, Survey-grade GPS
 14 14 Sec 3 Twn T15 Rng R6W
 Distance Direction Nearest Town
4 Miles N of Lucedal

Pump Type
Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: 6-4-07

Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Traction PT
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1
 Siting Depth: 140 feet
 Number of Stages: 15

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 110 Feet Below Land Surface
 Pumping Water Level (B): 130 Feet Below Land Surface
 Drawdown (B) - (A): 20 Feet Below Land Surface
 Test Pumping Rate: 18 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____

For flowing well, measured shut in head: _____ feet
 Well yielded 18 GPM with a drawdown of
20 feet after 1 1/2 hours of pump

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

Michael R Fry Fogle 0408

RECEIVED
Michael R Fry Fogle
 JUN 7 2007

BY: OLWF