

County: George
 Permit #: _____
 Driller: Mik & Wade
 Date drilling completed: 5-29-07

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 #: D-109
 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>Alex Hamilton</u>	Latitude: <u>30° 57' 38" N</u> Longitude: <u>88° 20' 55" W</u>
Mailing Address: <u>1240 Crenshaw Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucalst Ms 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Rocky Creek</u>

Well Data

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

Date well drilling started: 5-29-07 Date well drilling completed: 5-29-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 70 Well depth: 70 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 65 feet to 70 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 Fryfoyle 0408
 Print Name of Water Well Contractor and License No.

Michael R Fryfoyle
 Signature of Water Well Contractor

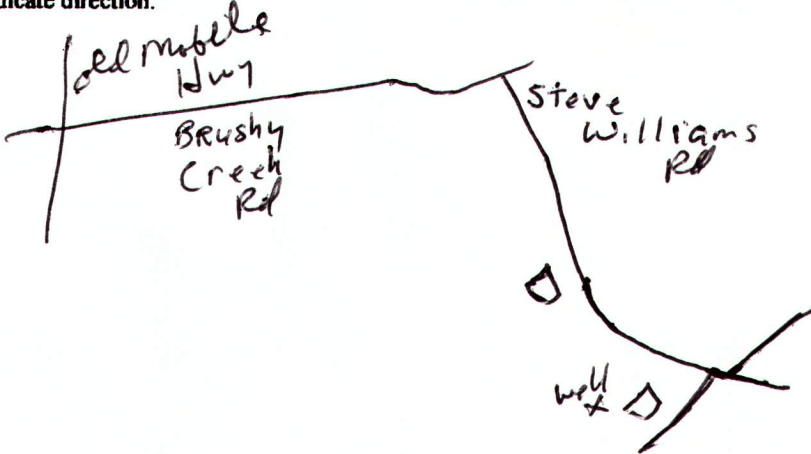
If well telescopes please sketch below and show depths.

RECEIVED
 JUN 27 2007
 BY: OLWR

Ground Level	Description of Formations Encountered	From	To
	Clay	0	15
	sand	15	55
	Clay	55	60
	sand	60	70

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: Alex Hamilton

Michael R Fry
Signature of Water Well Contractor

RECEIVED
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 10691
 Jackson, MS 39288-0691
 (601)361-5210
 (800)254-6238 (toll)

For Office Use Only:

Aquifer: _____

Well #: D-109

Elevation: _____

County: George
 Permit #: _____
 Driller: Mark J Wade
 Date completed: 5-29-07

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: Alex Hamilton
 Mailing Address: 1240 Crendshaw Rd
Lucedale MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 59 38.6 N Longitude: 88 20 05.5 W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 4 _____ 4 Sec 13 Twp T15 Rng R5W
 Distance Direction Nearest Town
5 Miles E of Pocky Creek

Pump Type
Circle one

Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well
Other (specify): _____		
Date Pump Installed:	<u>5-29-07</u>	
Rated Pump Capacity:	<u>8-12</u>	Gallons Per Minute

Power Type
Circle one

<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor P/T
<input type="radio"/> Windmill	Other (specify): _____	
Base Power Rating of Motor:	<u>1</u>	
Setting Depth:	<u>65</u>	feet
Number of Stages:	<u>2</u>	

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 65 Feet Below Land Surface

Drawdown (B) - (A): 5 Feet Below Land Surface

Test Pumping Rate: 8 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
Other (specify): _____		
For flowing well, measured shot in feet: _____		
Well yielded _____	<u>8</u>	GPM with a drawdown of _____
<u>5</u>	feet after <u>1 1/2</u>	hours of pump

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

RECEIVED
 JUN 27 2007
 BY: CLWF