

County: George
 Permit #: _____
 Driller: M. Wade
 Date drilling completed: 5-23-07

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 #: E-101
 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>Melba Henderson</u>	Latitude: <u>30° 53' 56"</u> Longitude: <u>88° 49' 22"</u>
Mailing Address: <u>196B Ed Jones Rd</u> <u>Bonndale Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Lucedale Ms 39452</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 6 Twn 25 Rng R8 W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Bonndale</u>

Well Data

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

Date well drilling started: 5-23-07 Date well drilling completed: 5-23-07

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: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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: 8 inches Setting depth: From 110 feet to 120 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 Fogle 0448
 Print Name of Water Well Contractor and License No.

Michael R Fry Fogle
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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E-101

Ground Level

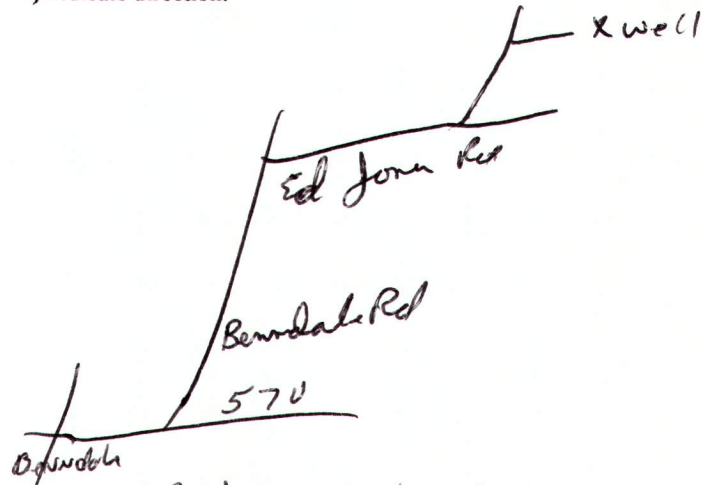
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	15
sand	15	50
Clay	50	60
sand	60	68
Clay	68	90
sand / Med	90	120

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: Mehea Henderson

Michael R. Fryzel 0408
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 10691
 Jackson, MS 39288-0691
 (601)261-5210
 (800)254-6238 (toll-free)

For Office Use Only:

Aquifer: _____

Well #: E-101

Elevation: _____

County: George
 Permit #: _____
 Driller: Mike Wood
 Date completed: 5-25-07

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: Mehar Henderson
 Mailing Address: 1960 Ed Jones Rd
Lucedal Ms 39452
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30-53-973N Longitude: 088-49-305
 Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 14 _____ 14 Sec 6 Twp T2S R8W
 Distance Direction Nearest Town
2 miles NW of Bermdale

Pump Type
Circle one

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

Other (specify): _____
 Date Pump Installed: 5-25-07
 Rated Pump Capacity: 19 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor P/T
Windmill	Other (specify): _____	

Base Power Rating of Motor: 1
 Setting Depth: 100 feet
 Number of Stages: 9

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 60 Feet Below Land Surface
 Pumping Water Level (B): 80 Feet Below Land Surface
 Drawdown (B) - (A): 20 Feet Below Land Surface
 Test Pumping Rate: 30 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<u>Air Line</u>	Electric Measuring Line	Steel Tape
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 30 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 Pogls 0408

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