

County: Dez
 Permit #: _____
 Driller: Mike L. Cook
 Date drilling completed: 2-15-07

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 #: H-92
 I. 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>Don Cochran</u> | Latitude: <u>30° 49' 90" N</u> Longitude: <u>088° 31' 00" W</u> |
| Mailing Address: <u>5289 Hwy 26W</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , ⁵⁴ ^{CC} |
| <u>Lucedal Ms 39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NE 1/4 Sec 31</u> ✓ <u>Twn T2S</u> <u>Rng R5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Agricola</u> |

Well Data

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

Date well drilling started: 2-13-07 Date well drilling completed: 2-13-07

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: 110 Well depth: 90 Well grouted to a depth of 70 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 90 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. Fryfogle 0408
 Print Name of Water Well Contractor and License No.

Michael R. Fryfogle
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 MAR 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 10091
 Jackson, MS 39208-0091
 (601)361-3210
 (800)254-6238 (toll-free)

For Office Use Only:

Aquifer: _____

Well #: H-92

Elevation: _____

County: DeWitt
 Permit #: _____
 Driller: Mike + Ward
 Date completed: 2-15-07

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: Don Cochran
 Mailing Address: 5289 Hwy 26 W
Lucedale MS 39452
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 49 90 W Longitude: 088 31 009 W
 Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 31 Twp T25 Rng R50W
 Distance Direction Nearest Town
2 Miles N of Agricola

Pump Type
Circle one

| | | |
|-------------|--------|--------------------|
| Air Lift | Jet | <u>Submersible</u> |
| Bucket | Platen | Turbine |
| Centrifugal | Rotary | Flowing Well |

Other (specify): _____

Date Pump Installed: 2-15-07

Rated Pump Capacity: 19 Gallons Per Minute

Power Type
Circle one

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

Horse Power Rating of Motor: 1
 Setting Depth: 90 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

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ ft
 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 Fryfoyle 0408 Michael R Fryfoyle

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