

County: George
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 7-18-07

State Well Report Part 1 - Driller's 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-94
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Paul Rutledge</u>	Latitude: <u>88° 31' 25"</u> Longitude: <u>30° 50' 01.7"</u>
Mailing Address: <u>lot 15 Skill water</u> <u>Sub Hwy 613 north</u> <u>Acadale MS 39452</u>	Method of Lat/Long (circle one): Conventional Survey, <u>OK</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Acadale</u> State: <u>MS</u> Zip Code: <u>39452</u>	<u>NO</u> 1/4 NE 1/4 Sec <u>31</u> Twn <u>25</u> Rng <u>5W</u>
Telephone No. <u>(601) 947-2000</u>	Distance: <u>2</u> Miles Direction: <u>north</u> of Nearest Town: <u>Acadale, MS</u>

Well / Borehole Data

Date drilling started: 7-18 Date drilling completed: 7-18-07 Hole depth: ~~110 FT~~ 110 FT Hole diameter: 2 inch

Location of the source of any surface water used for drilling: Acadale, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 40pt chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 5 feet above of below (circle one) land surface Date measured: 7-18-07

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 80 Plastic

Screen slot size: 6 inches Setting depth: From 0 feet to 110 feet
10 FT sub 100 FT casing

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 next page*

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: DeSoto County
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 7-18-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-94
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Mike Whitley</u>	Latitude: <u>88-31-255</u> Longitude: <u>30-50-017</u>
Mailing Address: <u>Lot 15 Stillwater</u> <u>Sub Hyl 613 North</u> <u>Lumbah, MS 39452</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW 1/4 NE 1/4 Sec 31 T 25 R 5W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 947-2000</u>	<u>2</u> Miles <u>North</u> of <u>Acadia, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2HP</u>
Date Pump Installed: <u>7-18-07</u>	Setting Depth: <u>80 FT Set line</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-18-07</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

JOEL PIERCE 0-780 Joel P.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer