

County: Greene
 Permit #: msgw15891
 Driller: Griner Drilling Service
 Date drilling completed: 7/22/2005

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 #: J-20
 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>Joseph Dunnam</u>	Latitude: <u>31</u> <u>13</u> <u>18"</u> Longitude: <u>88</u> <u>44</u> <u>39 "</u>
Mailing Address: <u>3244 Ranch Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leakesville, MS 39451</u>	<u>nw</u> <u>1/4</u> <u>se</u> <u>1/4</u> Sec <u>13</u> Twn <u>3n</u> Rng <u>8w</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>12</u> Miles Direction: <u>north</u> of Nearest Town: <u>leakesville</u>
Telephone No.: <u>-601 525-3920</u>	

Well Data

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

Date well drilling started: 6/13/2005 Date well drilling completed: 7/22/05

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

Static Water Level: 147.5 feet above or (below) (circle one) land surface Date measured: 7/7/2005

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

Hole depth: 1405 Well depth: 700 Well grouted to a depth of n/a feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 640 feet Casing diameter 6 inches Type of casing: steel

Screen length: 60 feet Screen diameter 4 inches Type of screen: rod base

Screen slot size: 0.012 inches Setting depth: From 640 feet to 700 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): Griner Drilling Service, Inc.

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.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Chloe H. A.
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

Aug 25 2005

BY: OLWR

J20

Ground Level

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Description of Formations Encountered	From	To
sand	0	93
clay	93	442
sand	442	558
clay	558	621
sand	621	736
clay	736	1406

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.

3244 ranch road

Landowner Name: Joseph Dunnam

Charles H. Brining Jr.
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Greene

Permit #: msgw-15891

Driller: Griner Drilling Service

Date Completed: 7/22/2005

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 #: J20

Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name: <u>Joseph Dunnam</u>	Latitude: <u>31,13,18</u> Longitude: <u>88,44,39</u>
Mailing Address: <u>3244 Ranch Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Leakesville, MS</u> <u>39451</u>	<input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>nw</u> <u>1/4</u> <u>se</u> <u>1/4</u> Sec <u>13</u> Twn <u>3n</u> Rng <u>8w</u>
Telephone No. <u>601-525-3920</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>12 Miles north</u> of <u>Leakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> (Submersible)	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> Turbine <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/4/2005</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>200</u> Gallons per minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>7/7/2005</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>147.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>241.35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>93.85</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>201</u> Gallons Per Minute	<u>93.85</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

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

Griner Drilling Service, Inc. 0-581
 Print Name of Pump Installer and License No. (if applicable)

Charles H. [Signature]
 Signature of Pump Installer

RECEIVED
 AUG 25 2005
 BY: OLWR