

County: Greene
 Permit #: _____
 Driller: Mik Fry
 Date drilling completed: 2-12-07

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 #: Q 40
 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>Clifton Hicks</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1964 Hwy 594</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Leakeville MS 39451</u> City State Zip Code	1/4 _____ 1/4 Sec <u>35</u> Twp <u>T2N</u> Rng <u>R5W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town <u>Leakeville</u>

Well Data

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

Date well drilling started: 2-8-07 Date well drilling completed: 2-8-07

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

Static Water Level: 50 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 Michael R Fry
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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

County: Greene
Permit #: _____
Driller: M. J. Wood
Date completed: 2-12-07

For Office Use Only:

Aquifer: _____
Well #: Q 40
Elevation: _____

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

Well Owner Information	Well Location
Owner Name: <u>Cifton Hicks</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1964 Hwy 594</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Leakesville, MS 39451</u>	_____ % _____ % Sec <u>35</u> Twn <u>T2N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>SE</u> of <u>Leakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-12-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>30</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael R. Joseph 0408 Michael R. Joseph
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 27 2007
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