

County: Greene
 Permit #: _____
 Driller: Mkt Wade
 Date drilling completed: 8-24-07

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-41
 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>Roby Hilman</u>	Latitude: <u>31° 09' 53" N</u> Longitude: <u>88° 30' 58" W</u>
Mailing Address: <u>1653 Pine Level Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seabrook Ms 39457</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>5</u> Twn <u>2N</u> Rng <u>RSW</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Seabrook</u>

Well Data

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

Date well drilling started: 8-24-07 Date well drilling completed: 8-24-07

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

Static Water Level: 1' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 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 1/2 inches Type of screen: PVC wrapped

Screen slot size: 10 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): _____

RECEIVED
 SEP 25 2007
 BY: OLWR

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 Fryfogel 0408 Michael R Fryfogel
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

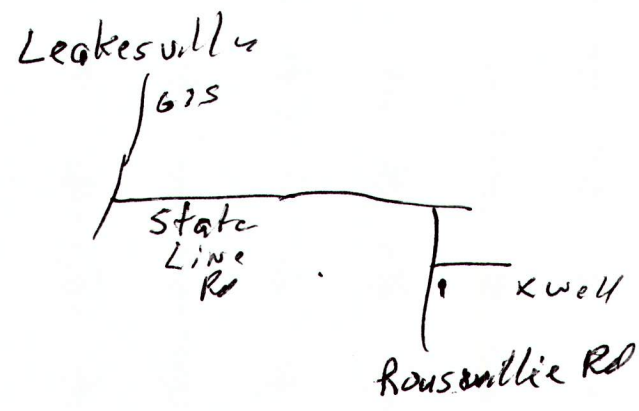
If well telescopes please sketch below and show depths.

Q-41

Ground Level	Description of Formations Encountered	From	To
	sand	0	30
	Blue Clay	30	78
	coarse sand	78	90

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.



RECEIVED
SEP 25 2007
BY: OLWR

Landowner Name: Roby Hilman

Michael R Fryfof
Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____
Well #: Q-41
Elevation: _____

County: Greene
Permit #: _____
Driller: Mike Wade
Date completed: 8-24-07

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>Roby Hillman</u>	Latitude: <u>31-09-881 N</u> Longitude: <u>088-30-962 W</u>
Mailing Address: <u>1653 Pine Level Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leakesville Ms 39451</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>T2N</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>E</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>3</u>
Date Pump Installed: <u>8-24-07</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>7</u>

RECEIVED
SEP 25 2007
BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-24-07</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>1</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>29</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>29</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 Fry Fogels 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry
Signature of Pump Installer