

County: Greene
 Permit #: _____
 Driller: Michael Wade
 Date drilling completed: 5-24-07

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 #: 5-19
 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>Wendell Peltz</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16236 Hwy 26 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>T1N</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>10</u> Miles <u>SW</u> of <u>Leaksville</u>

Well Data

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

Date well drilling started: 5-24-07 Date well drilling completed: 5-24-07

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 11.5 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 6 inches Setting depth: From 11.5 feet to 135 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 Fryfogel 0408
 Print Name of Water Well Contractor and License No.

Michael R Fryfogel 0408
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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JUN 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 10691
 Jackson, MS 39288-0691
 (601) 351-3210
 (800) 354-6238 (In)

County: Greene
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 5-26-07

For Office Use Only:

Aquifer: _____
 Well #: S-19
 Elevation: _____

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: Wendell Rith
 Mailing Address: 16236 Hwy 26W
Lucedale MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 7 Twp T1N Rng R7W
 Distance Direction Nearest Town
10 Miles SW of Leakeville

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-26-07
 Rated Pump Capacity: 35 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor P/T
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 2
 Setting Depth: 100 feet
 Number of Stages: 7

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 45 Feet Below Land Surface
 Pumping Water Level (B): 85 Feet Below Land Surface
 Drawdown (B) - (A): 40 Feet Below Land Surface
 Test Pumping Rate: 65 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 6.5 GPM with a drawdown of
40 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 Fry Fogle 0808 Michael R Fry
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 BY: OLWR