

County: Greene
 Permit #: _____
 Driller: Pierce
 Date drilling completed: 8-12-05

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 #: T-54
 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>James E. Hicks</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leakesville</u> <u>MS</u> Leakesville <u>MS</u> City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>4</u> Twn <u>1N</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Leakesville</u>

Well Data

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

Date well drilling started: 8-12-05 Date well drilling completed: 8-12-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 8-12-05

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

Hole depth: 330 Well depth: 330 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 20 feet Screen diameter: 2 inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From _____ feet to _____ 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.

Mike Pierce 0296
 Print Name of Water Well Contractor and License No.

Michael Pierce
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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Ground Level

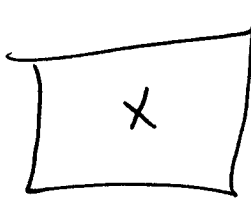
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	10
Clay	10	20
Sand	20	80
Clay	80	100
Sand	100	130
Clay	130	300
good sand	300	330

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.



Landowner Name: James E. Hicks

Michael Purcell
 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)

County: Greene
Permit #: _____
Driller: Pierce
Date completed: 8-13-05

For Office Use Only:
Aquifer: _____
Well #: T-54
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>James E. Hick's</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leakesville, MS</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 4 Twn 1N Rng 6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>6 Miles SW of Leakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input checked="" type="checkbox"/> Flowing Well	Windmill Other (specify): <u>Free Flowing</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8-13-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>10</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Mike Pierce 0296
Print Name of Pump Installer and License No. (if applicable)
Michael Pierce
Signature of Pump Installer

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