

Greene

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)

Aquifer: _____
Well #: T-57
L. S. Elevation: _____
B-log #: _____

Permit #: _____
Driller: Mike & Wade
Date drilling completed: 10-18-06

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>Dan Pipberin</u> | Latitude: <u>31.03 878W</u> Longitude: <u>88.34.965W</u> |
| Mailing Address: <u>193 Green Eddie Rd</u> | Method of Lat/Long (circle one): <u>53</u> Conventional Survey, <u>58</u> |
| <u>Lumbal</u> <u>MS</u> <u>39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 10</u> Twn <u>T1N</u> Rng <u>R6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>Leaberville</u> |

Well Data

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

Date well drilling started: 10-18-06 Date well drilling completed: 10-18-06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: _____

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

Test depth: 40 Well depth: 40 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 35 feet to 40 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

Log 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. FryFogle 0408
Print Name of Water Well Contractor and License No.

Michael R. FryFogle
Signature of Water Well Contractor

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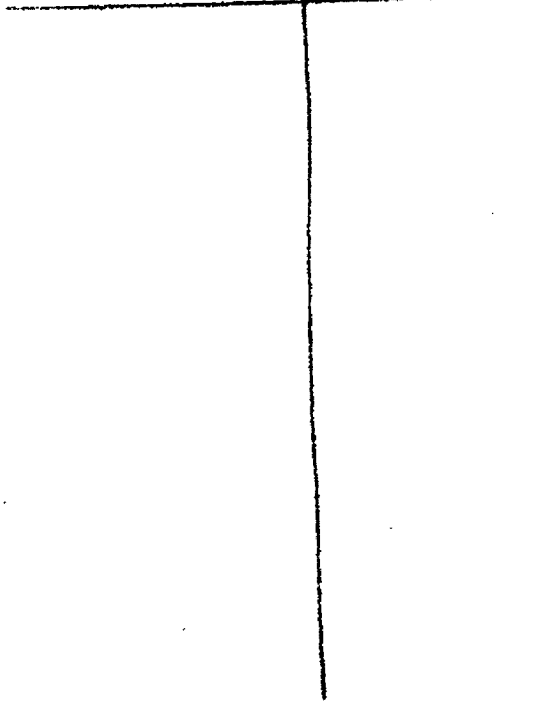
DEC 29 2006

BY: OLWR

T-57

If well telescopes please sketch below and show depths.

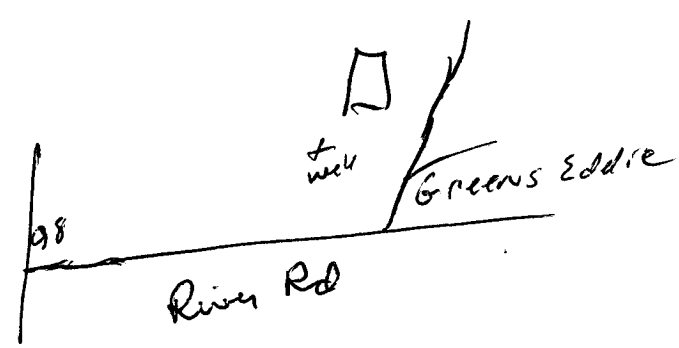
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| sand | 8 | 10 |
| Clay | 10 | 12 |
| rock | 12 | 40 |
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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: Dan Pipkin

Michael R. Inghel 0408
 Signature of Water Well Contractor

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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 39289-0691
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: T-57

Elevation: _____

County: Greene
 Permit #: _____
 Driller: Michael R. Fryfogel
 Date completed: 10-25-06

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: Dan Pipkin
 Mailing Address: 193 Green Eddie Rd
Leucidal MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 31° 03' 878" N Longitude: 088° 34' 968" W
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 10 Twp T1N Rng R6W
 Distance Direction Nearest Town
5 Miles S of Leakesville

Pump Type
Circle one

| | | |
|-------------|--------------------------------------|------------------------------------|
| Air Lift | <input checked="" type="radio"/> Jet | <input type="radio"/> Submersible |
| Bucket | <input type="radio"/> Piston | <input type="radio"/> Turbine |
| Centrifugal | <input type="radio"/> Rotary | <input type="radio"/> Flowing Well |

Other (specify): _____
 Date Pump Installed: 10-25-06
 Rated Pump Capacity: 8.12 Gallons Per Minute

Power Type
Circle one

| | | |
|-------------------------------------------------|---------------------------------------|-----------------------------------|
| <input checked="" type="radio"/> Diesel Engine | <input type="radio"/> Gasoline Engine | <input type="radio"/> Natural Gas |
| <input checked="" type="radio"/> Electric Motor | <input type="radio"/> Hand | <input type="radio"/> Tractor PTO |
| <input type="radio"/> Windmill | Other (specify): _____ | |

Horse Power Rating of Motor: 1
 Setting Depth: 35 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 30 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface
 Test Pumping Rate: 8 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

| | | |
|-------------------------------------------|-----------------------------------------------|----------------------------------|
| <input checked="" type="radio"/> Air Line | <input type="radio"/> Electric Measuring Line | <input type="radio"/> Steel Tape |
|-------------------------------------------|-----------------------------------------------|----------------------------------|

Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 8 GPM with a drawdown of
10 feet after 1 1/2 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Michael R Fryfogel 0408 Michael R Fryfogel
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 29 2006
 BY OLWR