

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Mikes & Ward  
 Date drilling completed: 9-28-07

### 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 #: F-369  
 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>Joy Lupton</u>       | Latitude: " ' " Longitude: " ' "                      |
| Mailing Address: <u>Robson 1584</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>16308 Hwy 57</u>                 | USGS quad, Hand-held GPS, Survey-grade GPS            |
| <u>Vandeventer MS 39565</u>         | <u>1/4 1/4 Sec 30 Twp 55 Rng R7W</u>                  |
| City State Zip Code                 | Distance Direction Nearest Town                       |
| Telephone No. ( )                   | <u>3 1/2 Miles N of Vandeventer</u>                   |

**Well Data**

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

Date well drilling started: 9-25-07 Date well drilling completed: 9-27-07

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

Static Water Level: 80' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 1/2 inches Type of casing: PVC 40

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

Screen slot size: 10 inches Setting depth: From 110 feet to 130 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.

RECEIVED

Michael R Fry Fogle 0408 Michael R Fry Fogle  
 BY: [Signature]

GROUND LEVEL

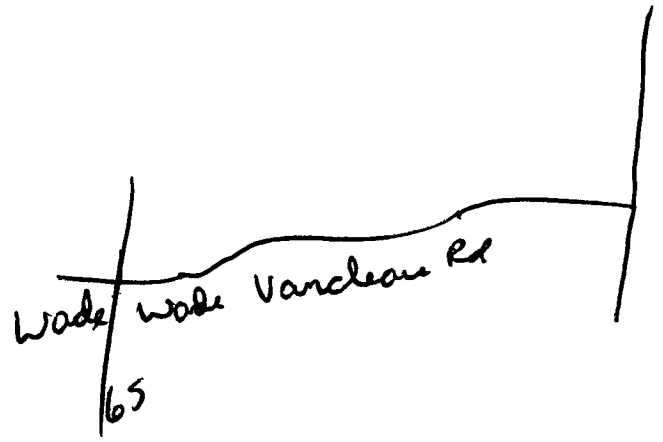
DESCRIPTION OF FORMATIONS ENCOUNTERED

FROM TO

|           |    |     |
|-----------|----|-----|
| Clay      | 0  | 15  |
| sand      | 15 | 60  |
| Clay      | 60 | 75  |
| fine sand | 75 | 90  |
| Clay      | 90 | 93  |
| sand      | 93 | 120 |
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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: Joey Lipton

Signature of Water Well Contractor *Michael R. Fryfohl*

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OCT 29 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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Acquirer: \_\_\_\_\_  
Well #: F-369  
Elevation: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Mike & Wade  
Date completed: 9-28-07

**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>Joey Dipton</u>          | Latitude: _____ Longitude: _____                                                                                                                                                            |
| Mailing Address: <u>16308 Hwy 57</u>    | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,<br><input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Vandœuvre</u> <u>Ms</u> <u>39565</u> | <u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>T55</u> Rng <u>R 20</u>                                                                                                                          |
| City State Zip Code                     | Distance Direction Nearest Town                                                                                                                                                             |
| Telephone No. ( ) _____                 | <u>3 1/2</u> Miles <u>N</u> of <u>Vandœuvre</u>                                                                                                                                             |

| Pump Type<br>Circle one                                                     | Power Type<br>Circle one                  |
|-----------------------------------------------------------------------------|-------------------------------------------|
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____           |
| Other (specify): _____                                                      | Horse Power Rating of Motor: <u>1</u>     |
| Date Pump Installed: <u>9-28-07</u>                                         | Setting Depth: <u>130</u> feet            |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute                           | Number of Stages: <u>7</u>                |

| Pump Test Data                                              | Method of Measuring Water Level<br>Circle one       |
|-------------------------------------------------------------|-----------------------------------------------------|
| Date Well Tested: _____                                     | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>80'</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>115</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface     | Well yielded <u>65</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>65</u> Gallons Per Minute             | <u>35</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 0408 0408 0408  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY OLWP