

County Jefferson
 Permit # _____
 Driller: SeHudes LTD
 Date drilling completed: 3-31-08

Part 1
 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)

Acquirer: _____
 Well #: Q-67
 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
 Owner Name: Mr. Glenn D. Miller
 Mailing Address: 8900 CR 524
Cruger; MS. 38924
 City State Zip Code
 Telephone No: (662) 455-3092

Well Location
 Latitude: 33° 22' 30" Longitude: 090° 11' 50"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad: Hand-held GPS Survey-grade GPS
 Twp 18N Rng 1E
 Distance 2 Miles Direction SW of Nearest Town Sidon, MS.

Well Data
 Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: NIA
 Date well drilling started: 3-30-08 Date well drilling completed: 3-31-08
 If flowing, method of flow regulation: Valve CHECK Other (describe): CHECK VALVE
 Static Water Level: 5 feet above or below (circle one) land surface Date measured: 3-31-08
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 540 Well depth: 540 Well grouted to a depth of 20 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 3 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 0 feet to 540 feet
 Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development
 Other (describe): NIA
 Top of tap pipe or restriction in casing: NIA 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: NIA
 Name of completion running log(s): NIA

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.

Robert Byars 0-543 Robert Byars
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Note: 200 ft. 4 in
310 ft. 3 in
30 ft. 3 in .008 screen
540 ft.

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 APR 17 2008
 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:

Aquifer: _____

Well #: Q-67

Elevation: _____

County: Leflore

Permit #: _____

Driller: Schuda LTD

Date completed: 3-31-08

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	Well Location
Owner Name: <u>Mr. Glenn D. Miller</u>	Latitude: <u>33° 22 307^N</u> Longitude: <u>098° 11 506^W</u>
Mailing Address: <u>8900 CR 524</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Cruzer MS 38924</u> City State Zip Code	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(662) 455-3092</u>	Distance Direction Nearest Town <u>2 Miles SW of Siden, MS.</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): <u>N/A</u>	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>3-31-08</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ 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

Robert Byars 0-543
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars
 Signature of Pump Installer

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