

County: Newton
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 5-11-05

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 #: A-41
 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>Cullen Hedrick</u>	Latitude: ^N <u>32° 32.816</u> " Longitude: ^W <u>089° 14.230</u> "
Mailing Address: <u>5774 Hwy 492 W</u>	Method of Lat/Long (circle one): Conventional Survey, ⁴⁸ <u>98</u>
<u>Union</u> MS <u>39365</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4</u> Sec <u>11</u> Twn <u>8N</u> Rng <u>10E</u>
Telephone No. <u>(601) 774-5189</u>	Distance <u>7</u> Miles Direction <u>West</u> of Nearest Town <u>Union</u>

Well Data

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

Date well drilling started: 5-11-05 Date well drilling completed: 5-11-05

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 5-11-05

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 220 feet to 240 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.

David S. Thomas 0-147
 Print Name of Water Well Contractor and License No.

David S. Thomas
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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: Newton

Permit #: _____

Driller: Thomas Drilling

Date completed: 5-14-05

For Office Use Only:

Aquifer: _____

Well #: A-41

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

Owner Name: Cullen Hedrick

Mailing Address: 5774 Hwy 492 W

Union MS 39365
City State Zip Code

Telephone No. (601) 974-5189

Well Location

Latitude: N 32° 32.816 Longitude: W 089° 14.230

elev. 476

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 11 Twn 8N Rng 10E

Distance Direction Nearest Town

7 Miles W of UNION

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5-14-05

Rated Pump Capacity: 19 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1 1/2

Setting Depth: 120 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 5-14-05

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 90 Feet Below Land Surface

Drawdown [(B) - (A)]: 30 Feet Below Land Surface

Test Pumping Rate: 35 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 1/2 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-149
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer