

County: OSWALD
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 2-26-09

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 #: S-73
 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>SAM PHILLIPS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>DEES RD</u> | Method of Lat/Long (circle one): Conventional Survey |
| <u>HATESVILLE MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 23 Twn 9S Rng 6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>6 Miles N of HATESVILLE</u> |

Well Data

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

Date well drilling started: 2-26-09 Date well drilling completed: 2-26-09

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 2-26-09

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

Hole depth: 65 Well depth: 65 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: 1/3 inches Setting depth: From 55 feet to 65 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: _____

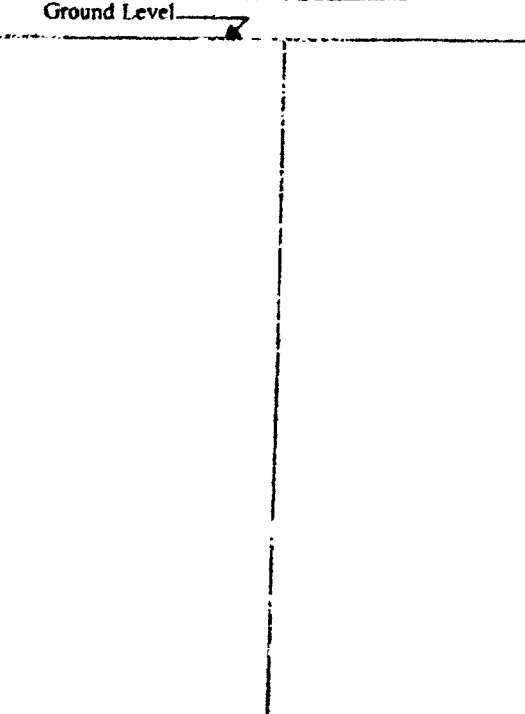
Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

Print Name of Well Contractor and License No. FRANK LANGFORD 0-622 Signature of Well Contractor: Frank Langford

If well telescopes please check below and show depths.

The sketch below only required for water wells

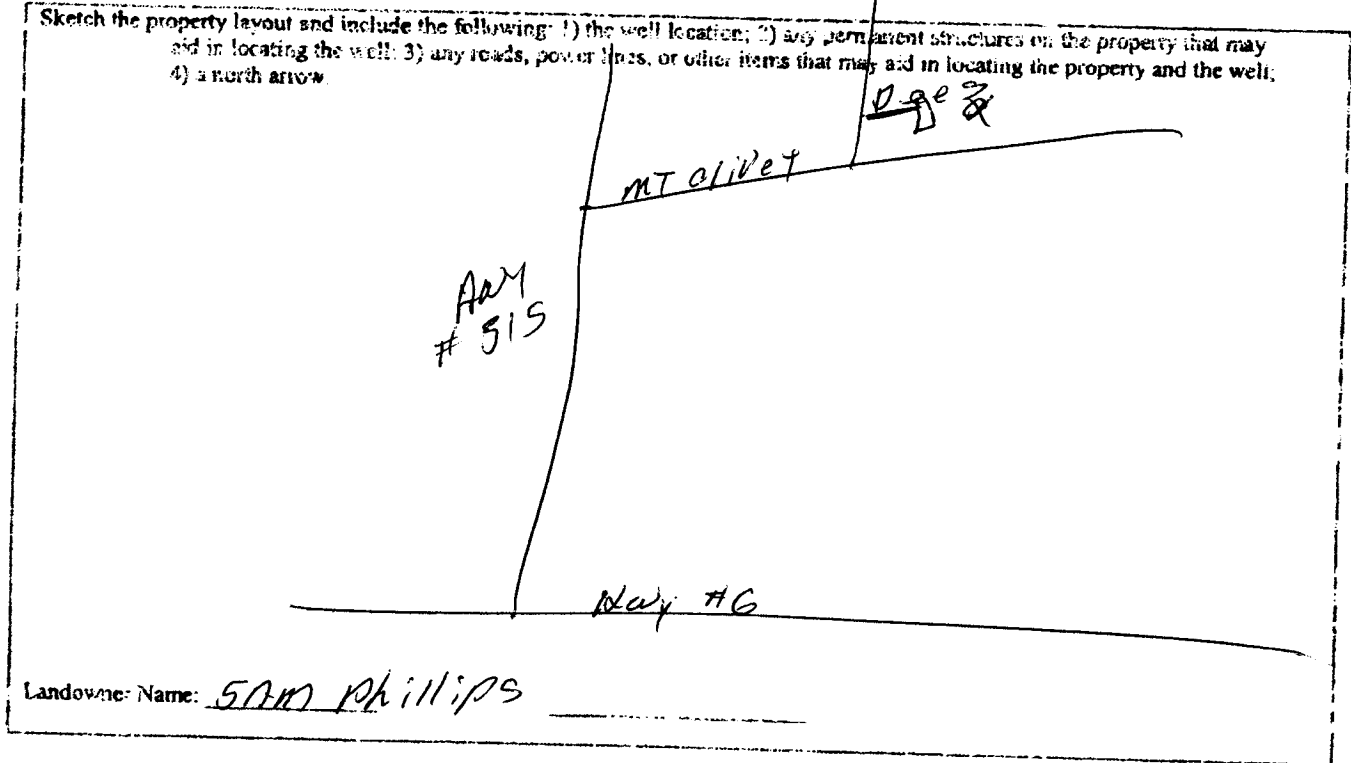
If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| DIRT | 0 | 10 |
| SAND | 10 | 30 |
| w/CLAY | 30 | 35 |
| w/ SAND | 35 | 65 |
| ITIT ROCK | 65 | |
| STAGED & CASE UP | | |
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If more than one screen, show location of each on sketch



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. FRANK LANGFORD

Date 3-3-09

Signature of Licensee Frank Langford

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: PANOLA
 Permit #: _____
 Driller: E. MAGFORD
 Date completed: 2-26-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5-73
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|---------------------------------|--|
| Owner Name: <u>SAM PHILLIPS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>DEES RD</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>BATESVILLE</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>23 T 99 R 6A</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>6 Miles N of BATESVILLE</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>2-26-08</u> | Setting Depth: <u>55</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>2-26-08</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>15</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>15</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>0</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>2 1/2</u> hours | |

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

EMMAH MAGFORD 0622
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer