

5744

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Perry
 Permit #: _____
 Driller: Tom Corphy Water Well, Inc.
 Date drilling completed: 6/4/09

For Office Use Only:
 Aquifer: _____
 Well #: C 81
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Energy Drilling</u> Mailing Address: <u>P.O. Box 905</u> <u>Natchez MS 39429</u> City State Zip Code Telephone No.: <u>(601) 446-5259</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: 31 <u>22</u>° <u>49</u>' Longitude: <u>88</u>° <u>50</u>' <u>54</u>" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>24</u> Twn <u>5N</u> Rng <u>9W</u> Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Richton, MS</u></p>
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Well / Borehole Data

Date drilling started: 6-2-09 Date drilling completed: 6-4-09 Hole depth: 420' Hole diameter: ~~7~~ 8"

Location of the source of any surface water used for drilling: creek
 Method of dosing and volume of Chlorine used in drilling and development: 2# ATN / 1,000 gal.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve n/a Other (describe) _____

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 6/4/09

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

Well depth: 420' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.010 inches Setting depth: From 380 feet to 420 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: n/a feet. *If telescoped or more than one screen, describe on next page*

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STATE WELL REPORT

Part 2

County: Perry
 Permit #: _____
 Driller: Tom Griffiths *Wtr Well*
 Date completed: 01/4/09
Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C 81
 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>Energy Drilling</u>	Latitude: <u>31-22-49</u> Longitude: <u>88-50-54</u>
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Natchez MS 39429</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 24 T. 5N R. 9W</u>
Telephone No. <u>601 446-5259</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>NE</u> of <u>Richton, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6-4-09</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>01/4/09</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>70</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

Tom Griffiths Water Well..., Inc. 0-402 Tom Griffiths
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1 (10/06)

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