

County: Rankin
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 3-30-2010

State Well Report

Part I

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: J117
 Well #: _____
 L. S. Elevation: _____
 E-log #: J-0117

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>Tommy Warren #2</u>	Latitude: <u>32° 20' 02" N</u> Longitude: <u>89° 45' 16" W</u>
Mailing Address: <u>125 Old Hwy 80</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>DeLatchie MS, 39145</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NE 1/4 Sec 26 Twp 6 N Rng 5 E</u>
Telephone No. <u>(601) 854-5298</u>	Distance _____ Miles Direction _____ Nearest Town _____

Well Data

Purpose of Well (circle one): Other: Poultry House
 Date well drilling started: 6-30-2009 Test Hole Date well drilling completed: 3-30-2010
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 183 feet above or below (circle one) land surface Date measured: 3-30-2010
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 600 Well depth: 570 Well grouted to a depth of 40 feet
 Type of grout (circle one): Cement: _____ Bentonite: _____ Mix
 Casing length: 550 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted
 Screen slot size: .008 inches Setting depth: From 550 feet to 570 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): MD&Q

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.

Arnold Fincher #0-598 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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: 5117
 Well #: _____
 Elevation: _____

County: Rankin
 Permit #: _____
 Driller: Will Barlow
 Date completed: 3-30-2010

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>Tommy Warren #2</u>	Latitude: <u>32 20 02 N</u> Longitude: <u>89 45 16 W</u>
Mailing Address: <u>125 Old Hwy 80</u>	Method of Lat/Long (circle one): Conventional Survey, USCS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pelahatchie Ms. 39145</u>	<u>SW 1/4 NE 1/4 Sec 26 Twn 6N Rng 5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 854-5298</u>	<u>5</u> miles <u>East</u> of <u>Pelahatchie</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): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-30-2010</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>183</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>245</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): <u>62</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>62</u> feet after <u>4</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.

Arnold Fincher #0-598
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer