

County: ITALE (LIMA)
 Permit #: _____
 Driller: F. LANGFORD
 Date drilling completed: 8-23-07

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)561-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Ø 40
 U.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>LYONS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rock Hill Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cairo MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec. <u>12</u> Twn <u>6 S</u> Rng. <u>R5W</u>
Telephone No. (____) _____	Distance: <u>8</u> Miles Direction: <u>SE</u> of Nearest Town: <u>WYTHE ?</u>

Well Data

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

Date well drilling started: 8-20-07 Date well drilling completed: 8-23-07

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: 8-23-07

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

Hole depth: 220 Well depth: 220 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 OLWA

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

Screen slot size: 0.15 inches Setting depth: From 210 feet to 220 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: None 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: _____

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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.

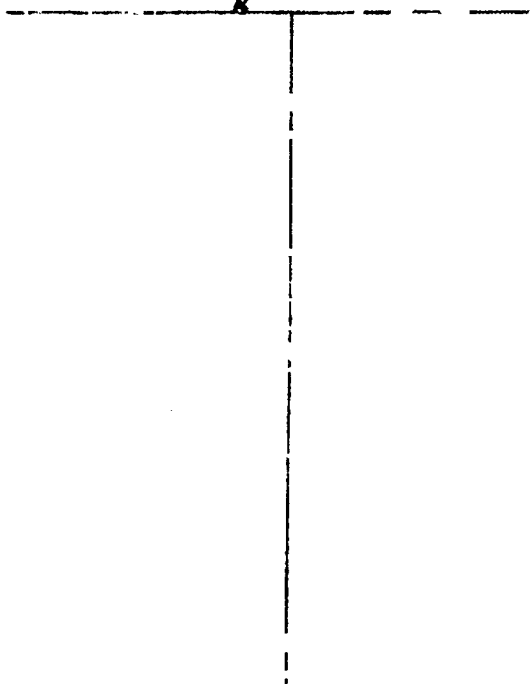
FRANK LANGFORD C.602 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

The sketch below only required for water wells

Description of formations encountered must be provided for all wells on this job unless otherwise dictated by regulations

If well screens show depth on sketch
Ground Level _____



Description	Formation Encountered	From (depth)	To (depth)
		Ground Level	
	DIRT	0	20
	A/SAND	20	30
	SAND	30	100
	A/SAND	100	150
	W/SAND	150	220

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

COULD BE IN MARSHALL CO HAVE NO WAY OF RECOVERING FOR SERV

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Landowner Name: LYONS

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.

FRANK LANGFORD 0-622 9-14-07 *Frank Langford*

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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) 561-5210
 (601) 354-6938 (fax)

County: TATE (LINE)
 Permit #: _____
 Driller: KIMM G. FORB
 Date completed: 9-23-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø 40
 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>LYONS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rock Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Como</u> <u>MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12 T 6 S R 5 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town _____ Miles <u>8</u> of <u>SE WYATT</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>9-23-07</u>	Setting Depth: <u>200</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-23-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>170</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</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>20</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
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.

Frank Langford 0622 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer