County: Adams

Permit #:

Driller: Gary Rayborn

Date drilling completed: 4-19-05

State Well Report

Part 1

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 #: G-47

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

Owner Name John Tillman

Mailing Address: 105-B N. Pearl St

Natchez MS 39120
City State Zip Code

Telephone No. (601) 392-1506

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"

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

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

___ ¼ ___ ¼ Sec 47 Twn 6N Rng 2W

Distance 9 Miles Direction SE of Nearest Town Natchez

Well Data

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

Date well drilling started: 4-18-05 Date well drilling completed: 4-19-05

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

Static Water Level: 90' feet above or (below) (circle one) land surface Date measured: 4-19-05

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

Hole depth: 200' Well depth: 200' Well grouted to a depth of 10' feet

Type of grout (circle one): (Cement) Bentonite Mix

Casing length: 180 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 180 feet to 200 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.

Rayborn Drilling Inc O-60
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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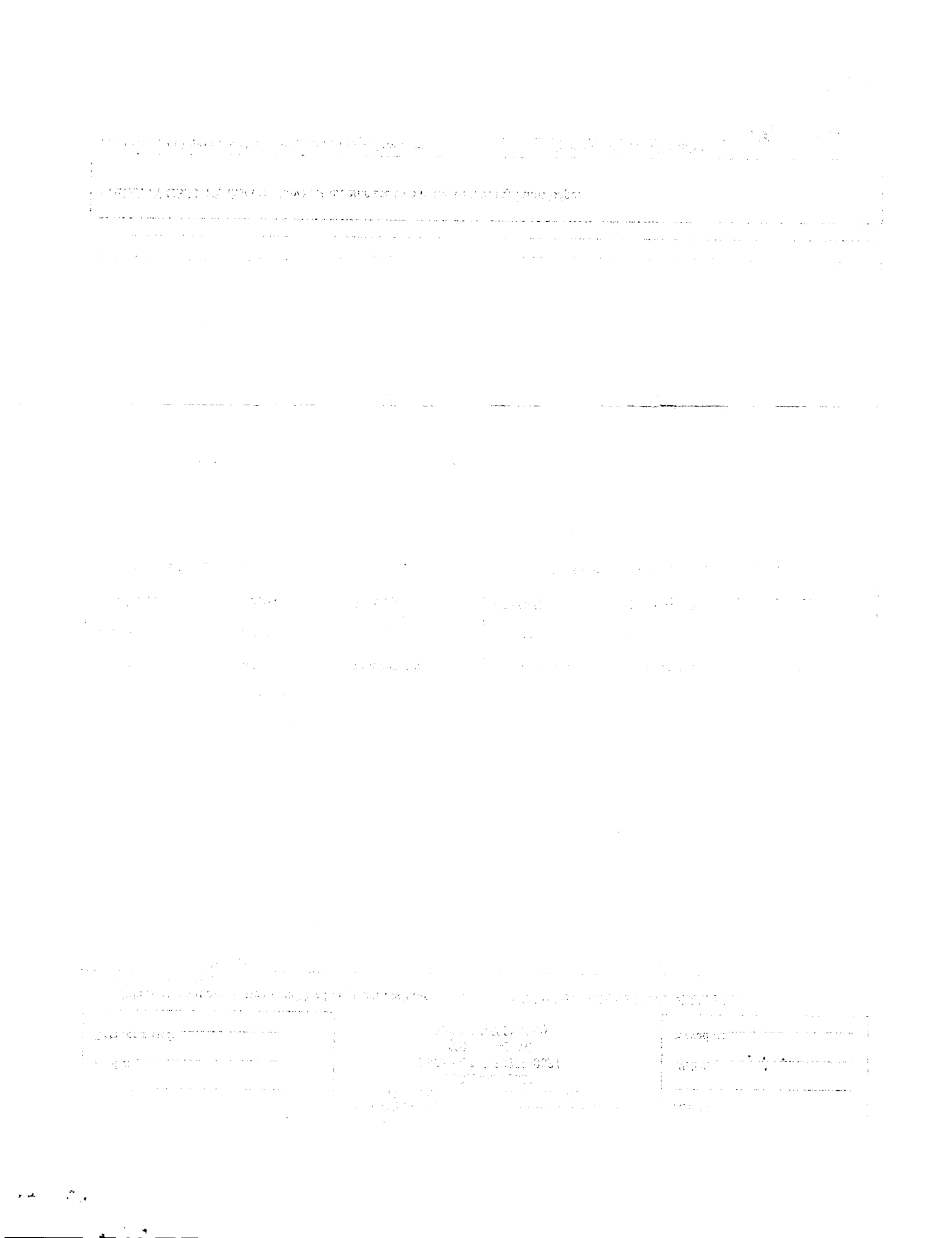
MAY 10 2005
BY: OLWR



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: Adams
Permit #:
Driller: Gary Rayborn
Date completed: 4-19-05

For Office Use Only:
Aquifer:
Well #: G-47
Elevation:

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

Owner Name: John Tillman
Mailing Address: 105 B N. Pearl St
Natchez ms 39120
City State Zip Code
Telephone No. (601) -392 - 1506

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____ ¼ _____ ¼ Sec 47 Twn 6N Rng 2W
Distance Direction Nearest Town
9 Miles SE of Natchez

Pump Type
Circle one

Air Lift | Jet | ~~Submersible~~
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 4-19-05
Rated Pump Capacity: 10 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 hp
Setting Depth: 140 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 90 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ 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 10 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.

Rayborn Drilling Inc 0-60
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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MAY 10 2005
BY: OLWR

If well telescopes please sketch below and show depths.

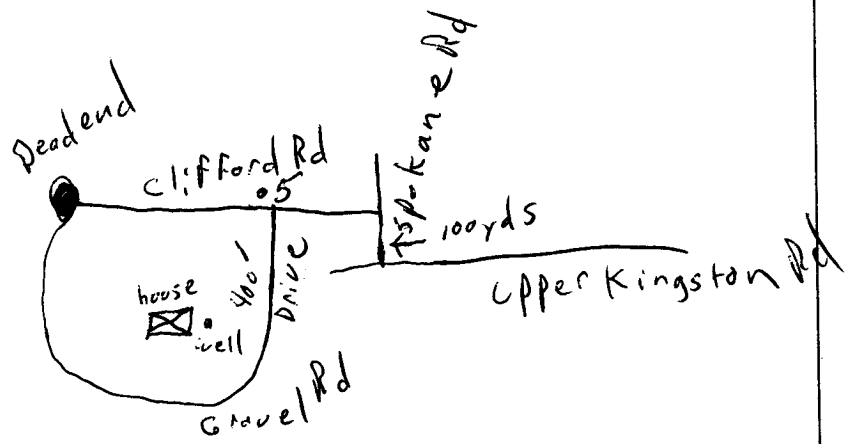
G-47

Ground Level

Description of Formations Encountered	From	To
Chalk	0	45
Sand	45	85
Chalk	85	135
Sand	135	200

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) indicate direction.



Landowner Name: John Tillman

Signature of Water Well Contractor

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MAY 10 2005
BY: OLWR