

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 11-18-07

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)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 A/c #: _____
 Well #: Q-47
 Elevation: _____
 P. #: _____

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>John Leopard</u>		Latitude:	<u>32° 56' 09" N</u>	Longitude: <u>89° 51' 36" W</u>
Mailing Address:	<u>3665 Hwy 14</u>		Method of Lat/Long (circle one):	<input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
	<u>Goodman</u>	<u>MS</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 31</u>	<u>Twp 13N Rng SE</u>	
	City	State	Zip Code	<u>39079</u>	
Telephone No. ()	_____		Distance	Direction	Nearest Town
	_____		<u>4</u> Miles <u>W</u>	of <u>Leopards</u>	

Well Data

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

Date well drilling started: 11-18-07 Date well drilling completed: 11-18-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 365 Well depth: 365 ³⁶⁵ Well grouted to a depth of 10+ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 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 320 feet to 340 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.

David S. Thomas 0-147
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 11-21-07

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: Q-47
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information		Well Location	
Owner Name: <u>John Leopard</u>	Latitude: <u>32° 55.816</u>	Longitude: <u>89° 51.369</u>	
Mailing Address: <u>3665 Hwy 14</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> GPS, Survey-grade GPS		
<u>Goodman</u> MS <u>39079</u>	USGS quad, <u>14N 03E</u> , <u>31</u> 1/4 Sec <u>13N</u> Rng <u>5E</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. ()	<u>4</u> Miles	<u>W</u>	<u>Newport</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>1</u>		
Date Pump Installed: <u>11-21-07</u>			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: <u>11-21-07</u>	Static Water Level (A): <u>131</u> Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): <u>138</u> Feet Below Land Surface	Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: <u>13</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>1</u> hours	For flowing well, measured shut-in head: _____ feet		
		Well yielded _____ 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.

David S. Thomas 0-147
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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BY: OLWR