

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 2-29-08

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:
 Aquifer: _____
 Well #: R-50
 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 | | Well Location | |
| Owner Name: <u>Johnny Boswell</u> | | Latitude: <u>33° 00.933</u> " Longitude: <u>89° 37.296</u> " | <u>38</u> |
| Mailing Address: <u>P.O. Box 1700</u> | | Method of Lat/Long (circle one): Conventional Survey, <u>18</u> | |
| | | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> | |
| <u>Kosciusko MS 39090</u> | | NE ¼ NW ¼ Sec <u>1</u> Twn <u>13N</u> Rng <u>6E</u> | |
| City State Zip Code | | Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Kosciusko</u> | |
| Telephone No. <u>(601)267-0098</u> | | | |

Well Data

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

Date well drilling started: 2-29-08 Date well drilling completed: 2-29-08

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 2-29-08

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

Hole depth: 36 Well depth: 56 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 46 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 46 feet to 56 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): _____

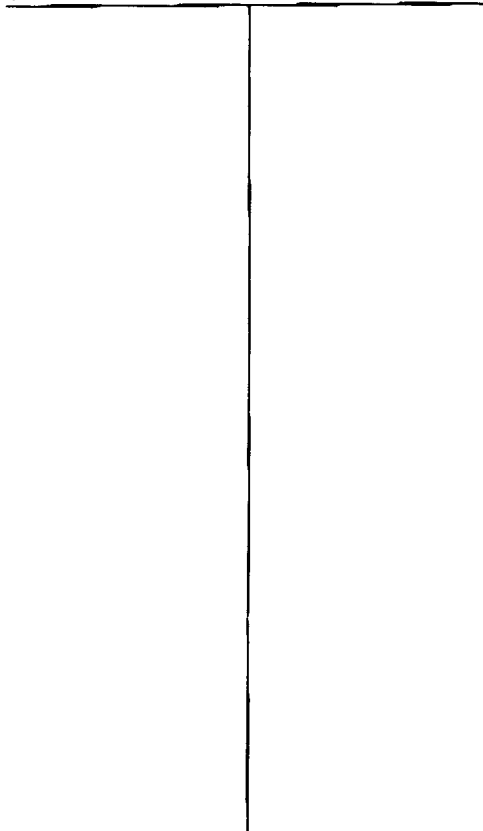
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

If well telescopes please sketch below and show depths

R-50

Ground Level



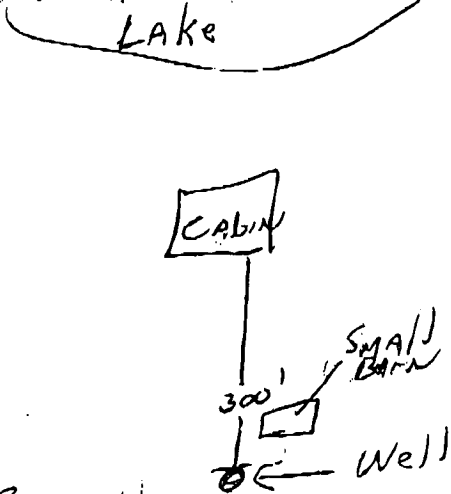
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| SANDY CLAY | 0 | 19 |
| WHITE SAND | 19 | 56 |
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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:

Johnny Bswell

Paul E. Thom
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: ATAHA
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 2-29-08

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 Jackson, MS 39289-0631
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For Office Use Only:
 Aquifer: _____
 Well #: R-50
 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>Johnny Boswell</u> | Latitude: <u>33°00.933</u> Longitude: <u>89°37.296</u> |
| Mailing Address: <u>P.O. Box 1700</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Kosciusko MS 39090</u> | <u>1</u> ¹ / ₄ <u>1</u> ¹ / ₄ Sec <u>1</u> Twp <u>13N</u> Rng <u>6E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601)267-0098</u> | <u>2</u> Miles <u>SW</u> of <u>Kosciusko</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>1/2</u> |
| Date Pump Installed: <u>2-29-08</u> | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>7</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>2-29-08</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>34</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>44.45</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>1</u> hours | |

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

David S. Thomas 0710 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer