

Well #1

County: Holmes
 Permit #: IND 05
 Driller: Cletus Magee
 Date drilling completed: 4/29/05

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 #: B-37
 L. S. Elevation: _____
 E-log #: HC-6702

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 Killebrew</u>	Latitude: <u>33° 18' 19"</u> Longitude: <u>90° 09' 05"</u>
Mailing Address: <u>607 East Park Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Greenwood MS 38930</u>	<u>NW 1/4 SW 1/4 Sec 25 Twn 17N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>E</u> of <u>Clyde</u>

Well Data

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

Date well drilling started: 4/25/05 Date well drilling completed: 4/28

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 4/28

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

Hole depth: 460 Well depth: 120 Well grouted to a depth of 10 feet

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

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 inches Setting depth: From 110 feet to 120 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: _____

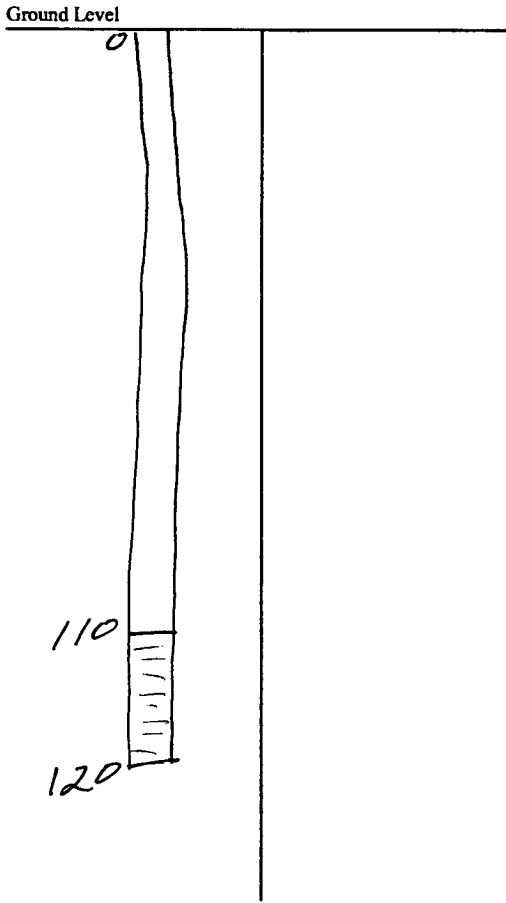
Name of organization running log(s): Office of Geology

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.

Cletus Magee 0-619 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

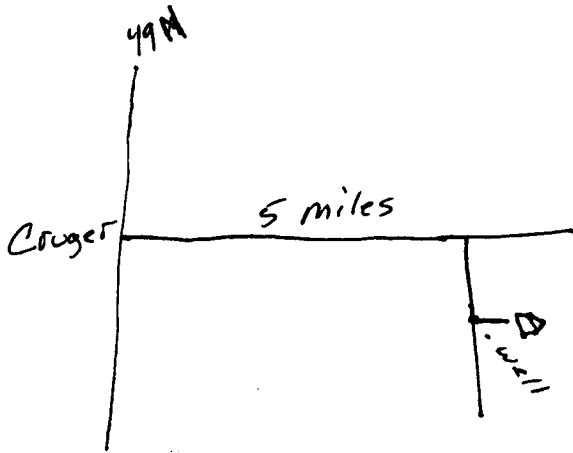
B-37



Description of Formations Encountered	From	To
Sand	0	15
Clay	15	50
Gravel	50	140
Clay	140	140
Silty sand clay	140	265
Clay	265	325
Sand	325	409
Clay	409	460

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 Killebrew

Charles W. Magee
Signature of Water Well Contractor