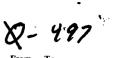
| county CackSon Well Driller R | eport and Well Log | For Office Use Only: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|--|
| | nt of Environmental Quality and Water Resources | Aquifer: Well #: 0-497 | |
| Printer PO | Box 10631 | L. S. Elevation: | |
| | MS 39289-0631 | | |
| |)961-5210 i4-6938 (fax) | E-log #: | |
| | | | |
| State Law requires that this report be prepared by the 30 days of completion of drilling of the well. | | | |
| Well Owner Information | Wel | Il Location | |
| Owner Name_KTWade | Latitude:, | _" Longitude:^" | |
| Mailing Address: | Method of Lat/Long (circle o | one): Conventional Survey, | |
| St. Andrews Est | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City State Zin Code | NE 1/4 SE 1/4 Sec 6 Twn 85 Rng 7W | | |
| City / State Zip Code | Distance Direction | Nearest Town | |
| | Miles | of Huy 90 | |
| Well | Data | | |
| Purpose of Well (circle one) Home Industrial Dublis Start Land | | | |
| The second secon | | | |
| Date well drilling started: $6/25/05^{-1}$ Da | te well drilling completed: | 6/25/05 | |
| If flowing, method of flow regulation: Valve Othe | r (describe) | | |
| Static Water Level:feet above or below (circle on | | | |
| Method of Measurement (circle one) steel tape electric ta | air line other: | | |
| Hole depth: $230^{()}$ Well depth: $230^{()}$ | Well grouted to a depth of | of 15 feet | |
| | ix | | |
| Casing length: <u>220</u> feet Casing diameter: <u>2</u> | inches Type of casing | plastic | |
| Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>plastic</u> | | | |
| Screen slot size: <u>OOC</u> inches Setting depth: From | feet to | 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 | | | |
| Logs run (circle all applicable): No tog run Blectric Gamma Ra | | | |
| Name of organization running log(s): | | | |
| I certify that the well was drilled, constructed, and completed in accordance wi Environmental Quality and/or the Mississippi Department of Health regulation | th all applicable requirements of the | Mississippi Department of | |
| | IS AILU SUBIC IBWS. | | |
| Michael Pierce 0296 | Michael | Paque | |
| Print Name of Water Well Contractor and License No. | Signature of | Water Well Contractor | |
| If well telescopes please sketch below and show depths. | | RECEIVE[| |
| | | | |

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| Description of Formations Encountered | From | То |
|---------------------------------------|------|------|
| Top Sel | 0 | 10 |
| (Vay | 10 | 30 |
| Sand | 30 | 60 |
| Clay, | 100 | 170 |
| Sand | 120 | 135 |
| Claure | 135 | 207) |
| good Sand | 200 | 230 |
| \mathcal{J} | | |
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If more than one screen, show location of each on sketch

Ground Level

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. X Landowner Name:

rie Signature of Water Well Contractor

| STATE W | ELL REPORT | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|
| | Part 2 's Completion Report For Office Use Only: | |
| Driller: <u>P LP/ CL</u> Office of Land Data completed: (2/2/, 196) P.O. | Aquifer: Well #: 2 - 497 Well #: 2 - 497 Well #: 2 - 497 Elevation: | |
| (601)3 | 1)961-5210 54-6938 (fax) n detail and filed with the Department within 20 down of the | |
| Well Owner Information | Well Location | |
| Owner Name: RT. Wade | Latitude: Longitude: | |
| Mailing Address:Same | Method of Lat/Long (circle one): Conventional Survey, | |
| | USGS quad, Hand-heid GPS, Survey-grade GPS | |
| City State Zip Code | NE 1/4 5E 1/4 Sec 6 Twn 85 Rng 7W | |
| | Distance Direction Nearest Town | |
| Telephone No. () | Miles 5_ of thing 90 | |
| Pump Type Circle one | Power Type Circle one | |
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas | |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO | |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): | |
| Other (specify): | Horse Power Rating of Motor: | |
| Date Pump Installed:6/26/05 | Setting Depth: <u><u>6</u>0feet</u> | |
| Rated Pump Capacity: Gallons Per Minute | Number of Stages:2 | |
| Pump Test Data Date Well Tested: <u>6/24/05</u> | Method of Measuring Water Level Circle one | |
| $\sim \lambda$ | Air Line Electric Measuring Line Steel Tape | |
| Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface | Other (specify): | |
| Drawdown [(B) – (A)]:Feet Below Land Surface | For flowing well, measured shut in head:feet | |
| est Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of | | |
| Duration of Pump Test (minimum 4 hours): | | |
| | | |
| HEREBY CERTIFY that the above statements are true to the bes Michael Ierce 029 (Print Name of Pump Installer and License No. (if applicable) | t of my knowledge. <u>Muchael</u> <u>Funce</u> RECEIV Signature of Pump Installer | |

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