

WELL # 3

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)

County: JONES
 Permit #: _____
 Driller: J.P. THOMPSON
 Date drilling completed: 12/8/06

For Office Use Only:
 Aquifer: _____
 Well #: J-122
 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>DAVID KITREL #3</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>164 JORDAN RD.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>ELLISVILLE MS</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>7N</u> Rng <u>13W</u> |
| Telephone No. <u>(601) 498-2564</u> | Distance Direction Nearest Town |
| | <u>3</u> Miles <u>N</u> of <u>MOSELLE</u> |

Well Data

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

Date well drilling started: 12/7/06 Date well drilling completed: 12/8/06

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

Static Water Level: 184 feet above or below (circle one) land surface Date measured: 12/8/06

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

Hole depth: 340 Well depth: 320 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC SLOTTED

Screen slot size: .010 inches Setting depth: From 280 feet to 320 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.

J.P. THOMPSON 0-624
Print Name of Water Well Contractor and License No.

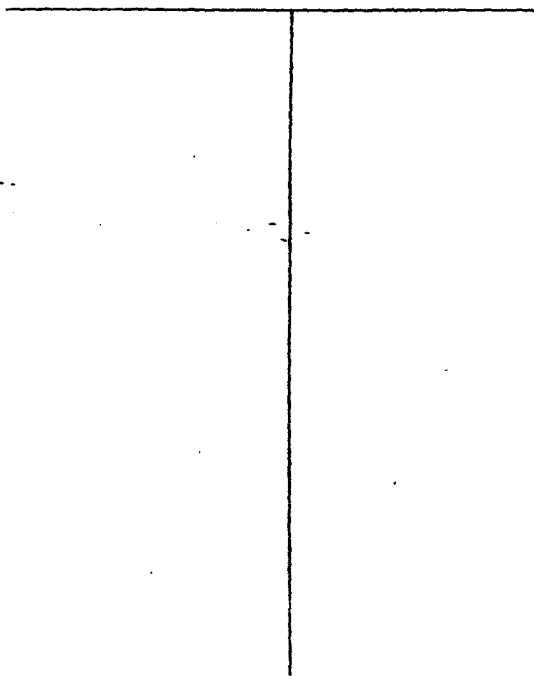
J.P. Thompson
Signature of Water Well Contractor

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J.

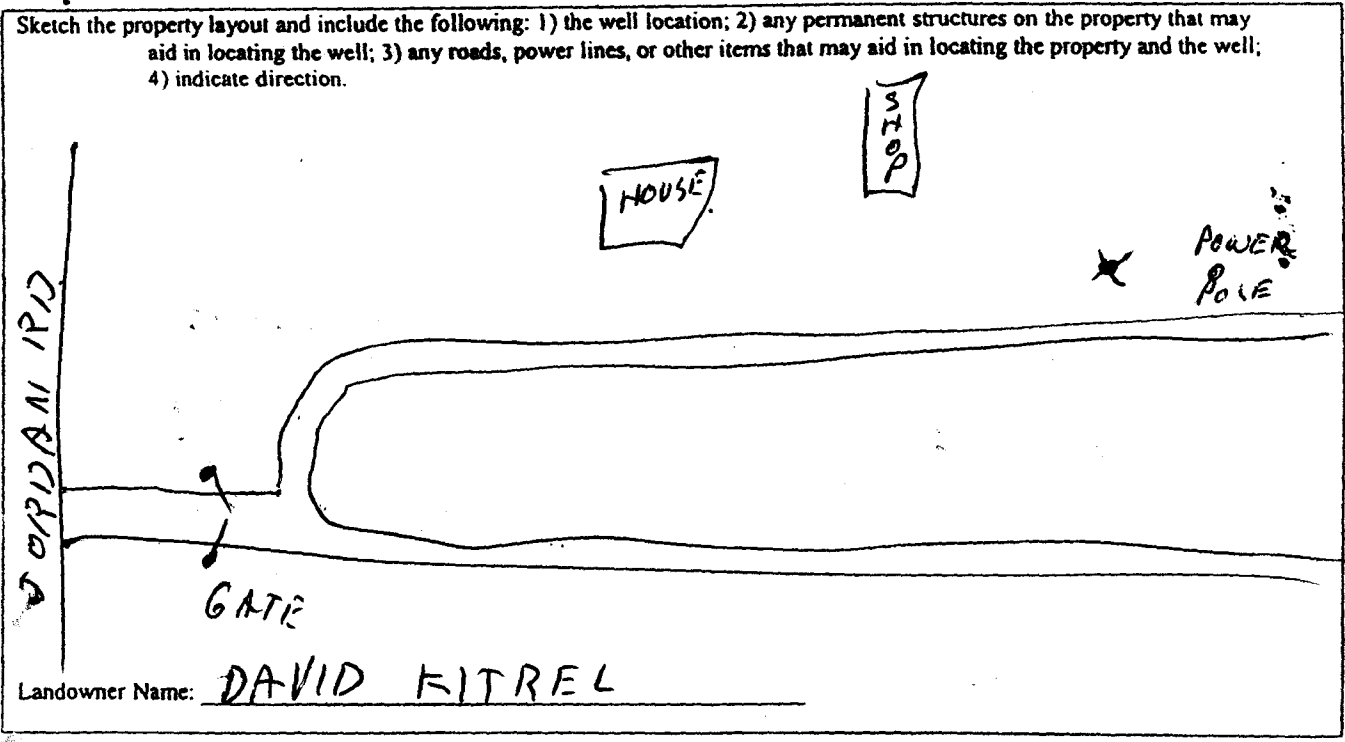
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CLAY | 0 | 15 |
| SAND | 15 | 90 |
| CLAY | 90 | 235 |
| SAND | 235 | 320 |
| SANDY CLAY | 320 | 340 |
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If more than one screen, show location of each on sketch



J.P. Thompson
Signature of Water Well Contractor

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: JONES
 Permit #: _____
 Driller: J.P. THOMPSON
 Date completed: 12/14/06

For Office Use Only:
 Aquifer: _____
 Well #: J-122
 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.

| | |
|--|--|
| <p>Well Owner Information #3</p> <p>Owner Name: <u>DAVID KITREL</u> Mailing Address: <u>164 JORDAN RD</u> <u>ELLISVILLE MS.</u> City State Zip Code Telephone No. <u>(601) 498-2564</u></p> | <p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>7N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>MOSELLE</u></p> |
|--|--|

| | |
|---|---|
| <p>Pump Type Circle one</p> <p><input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>12/14/06</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute</p> | <p>Power Type Circle one</p> <p><input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>220</u> feet Number of Stages: _____</p> |
|---|---|

| | |
|--|--|
| <p>Pump Test Data</p> <p>Date Well Tested: <u>12/14/06</u> Static Water Level (A): <u>184</u> Feet Below Land Surface Pumping Water Level (B): <u>180</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>48</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p> | <p>Method of Measuring Water Level Circle one</p> <p><input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>48</u> GPM with a drawdown of <u>4</u> feet after <u>4</u> hours of pumping</p> |
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

J.P. THOMPSON J.P. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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