

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 7-24-07

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:
 Aquifer: _____
 Well #: F-66
 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>Bill Joe Stuart #3</u>	Latitude: <u>32° 48.142'</u> Longitude: <u>89° 33.559'</u>
Mailing Address: <u>355 Willis Road</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>33</u>
<u>Catledge, MS 39051</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 15 Twn 11N Rng 7E</u>
Telephone No. <u>(601) 207-3550</u>	Distance: <u>2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Catledge</u>

Well Data

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

Date well drilling started: 7-24-07 Date well drilling completed: 7-24-07

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 7-24-07

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .210 inches Setting depth: From 120 feet to 140 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 0-149
 Print Name of Water Well Contractor and License No.

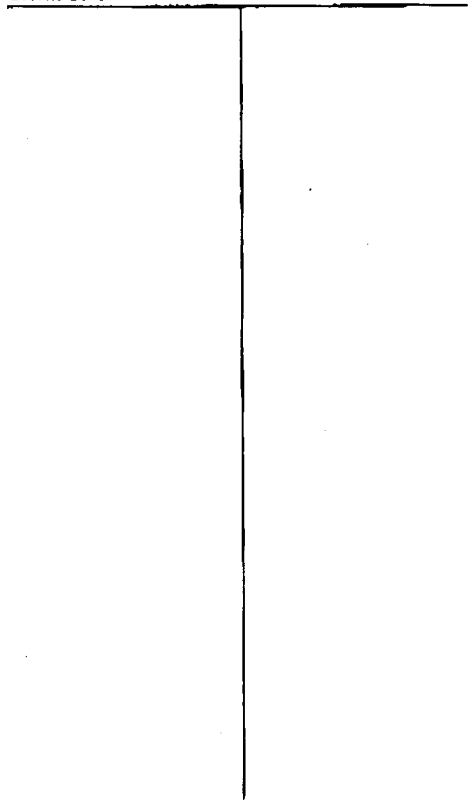
[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-66

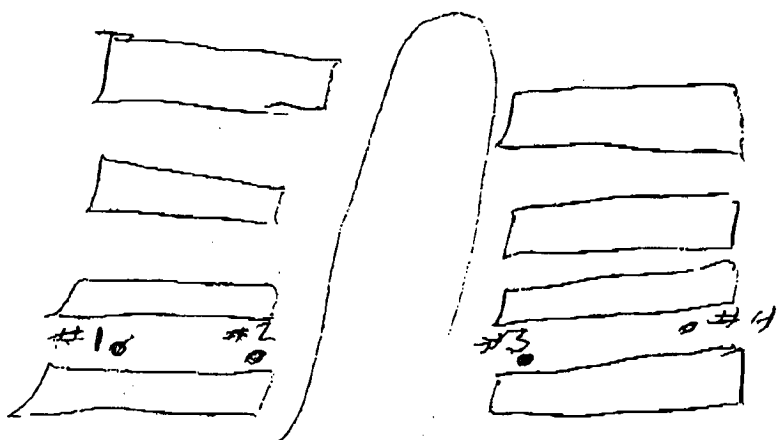
Ground Level



Description of Formations Encountered	From	To
Sand & Clay	0	17
GRAY CLAY	17	60
SAND & CLAY	60	74
SAND GRAY w/specs	74	140

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: Billy Joe STUART

[Signature]
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7-28-07

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 #: F-66
 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>Billy Joe Stuart #3</u>	Latitude: <u>32° 48.142</u> Longitude: <u>89° 33.559</u>
Mailing Address: <u>354 Willis Blvd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CANTONMENT, MS 39051</u>	<u>1/4</u> <input checked="" type="radio"/> <u>1/4</u> Sec <u>15</u> Twn <u>11N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 207-3680</u>	<u>2</u> Miles <u>N</u> of <u>CANTONMENT</u>

Pump Type	Power Type
Circle one	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>7-28-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>7-28-07</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>46</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>38</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 0-149 Signature of Pump Installer
 Print Name of Pump Installer and License No. (if applicable)

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