

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 8-4-05

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 #: 0-604
 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>Tony Sawell #2</u> | Latitude: ^N <u>32° 47.059'</u> Longitude: ^{WD} <u>89° 28.503'</u> |
| Mailing Address: <u>3120 Reformation Rd</u> | Method of Lat/Long (circle one): Conventional Survey, ⁰³ ³⁰ |
| <u>Carthage</u> MS <u>39051</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>G 1/4 SE 1/4 Sec 21</u> Twn <u>11 N</u> Rng <u>8 E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Carthage</u> |

Well Data

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

Date well drilling started: 8-4-05 Date well drilling completed: 8-5-05

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 8-5-05

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 2" feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 1/2 inches Type of screen: PVC WRAP

Screen slot size: .010 inches Setting depth: From 260 feet to 280 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.

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)

For Office Use Only:

Aquifer: _____
Well #: 8104
Elevation: _____

County: Leake
Permit #: _____
Driller: Thomas Drilling
Date completed: 8-6-05

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>Tony Sawell #2</u> | Latitude: <u>N 32° 47.059</u> Longitude: <u>W 89° 28.503</u> |
| Mailing Address: <u>3120 Reformatior Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Carthage</u> MS <u>39051</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>G</u> 1/4 Sec <u>21</u> Twn <u>11N</u> Rng <u>8E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>NE</u> of <u>Carthage</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <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 1/2</u> |
| Date Pump Installed: <u>8-6-05</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>2.5</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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer