

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 11-30-06

State Well Report
Part 1 - Driller's 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 #: A-64
 L. S. Elevation: 666
 E-log #: _____

State Law requires that this report be prepared by the licensee holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Leave down if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Debbie Sanders</u>	Latitude: <u>32° 46.632'</u> Longitude: <u>89° 25.499'</u>
Mailing Address: <u>2581 Hwy 16 East</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>CARTHAGE</u> MS <u>39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 30 Twn 11 N Rng 9E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>NE</u> of <u>SUNRISE</u>

Well / Borehole Data

Date drilling started: 11-30-06 Date drilling completed: 11-30-06 Hole depth: 160 Hole diameter: 4

Location of the source of any surface water used for drilling: Store

Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in Tandon & completed Well

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 11-30-06

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 inches Setting depth: From 140 feet to 160 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 next page*

Form: OLWR-SWR-1A

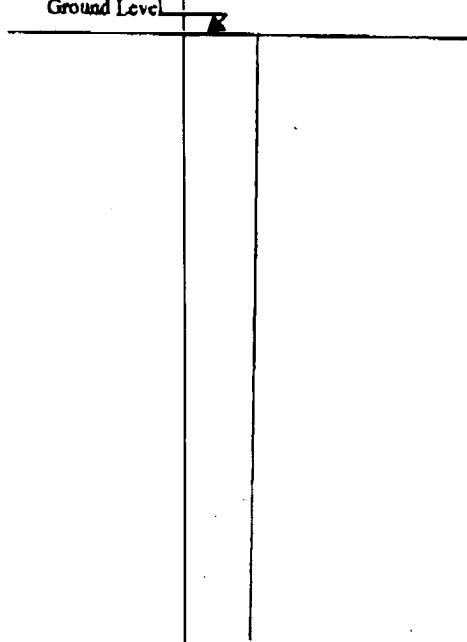
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666

~~H-64~~

The sketch below only required for water wells

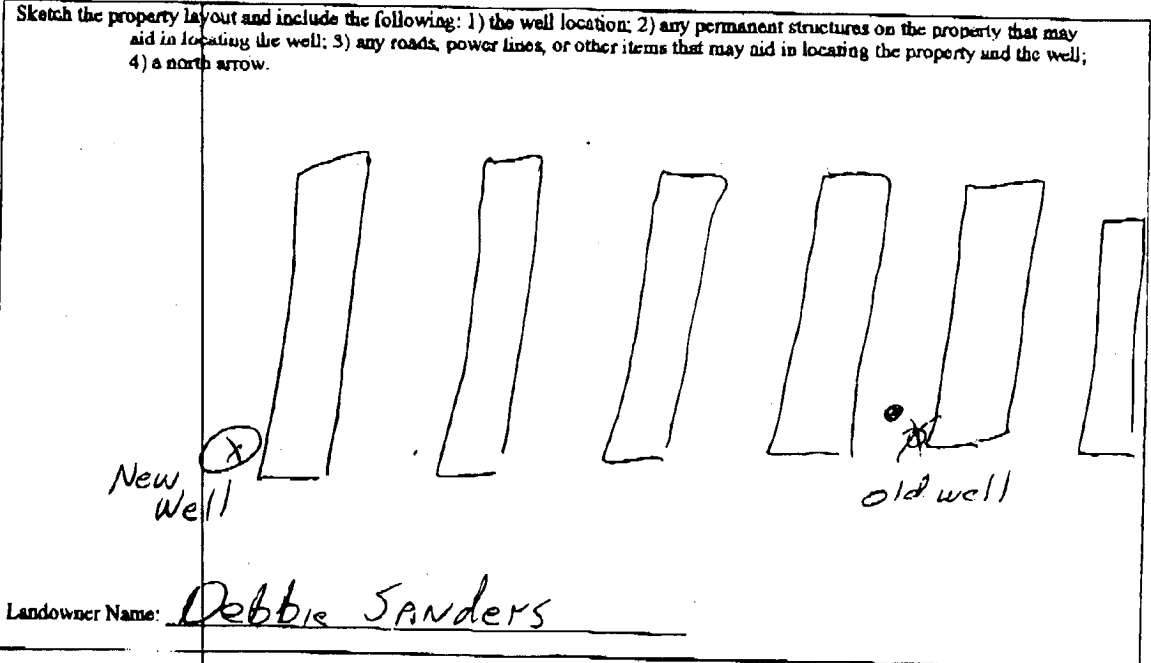
If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boroholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Mixed CLAY	0	27
GREEN SAND & CLAY	27	40
GREEN SAND	42	53
Rock	53	57
GREEN SAND	57	70
GRAY SAND	70	90
GRAY CLAY	90	110
SUBY SAND	110	160

If more than one screen, show location of each on sketch



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state law.

Form: OLWR-SWR-1A

David S. Thomas 0-147 11-30-06
Print Name of Responsible Licensee and License No. Date

David S. Thomas
Signature of Licensee

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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: Leake
Permit #: _____
Driller: Thomas Drilling
Date completed: 12-1-06
Copy instructions (copy back on Part 1)

For Office Use Only:

Aquifer: GGG
Well #: H-64
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Dabbie Sanders</u>	Latitude: <u>32°46.637</u> Longitude: <u>89°25.497</u>
Mailing Address: <u>2581 Hwy 16 E</u>	Method of Lat/Long (check one): Conventional Survey <u>30</u>
<u>Carrhage MS 39051</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	1/4 _____ 1/4 Sec <u>36</u> T <u>11N</u> R <u>9E</u>
Telephone No. () _____	Distance _____ Direction <u>25</u> Nearest Town <u>SE</u>
	<u>1</u> Miles <u>NE</u> of <u>SUNFISG</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____	Jet <input checked="" type="checkbox"/> Submersible Piston Turbine Rotary Flowing Well
Date Pump Installed: <u>12-1-06</u>	Diesel Engine Gasoline Engine Natural Gas Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO Windmill Other (specify): _____
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Horse Power Rating of Motor: <u>1 1/2</u>
	Setting Depth: <u>80</u> feet
	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-1-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</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 0-147 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWB