

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 4/27/06

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 #: Q-56
 U.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>Ernie Chenaux</u>	Latitude: <u>32° 37.498</u> " Longitude: <u>87° 36.773</u> "
Mailing Address: <u>Goodhope Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>46</u>
<u>Carthage MS 39051</u>	USOS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 14 Twn 9N Rng 7E</u>
Telephone No. <u>(601) 654-7771</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Goodhope</u>

Well Data

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

Date well drilling started: 4/27/06 Date well drilling completed: 4/27/06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4/27/06

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

Hole depth: 74 Well depth: 74 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 54 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 54 feet to 74 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of top 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 O-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)

County: Leake
Permit #: _____
Driller: Thomas Drilling
Date completed: 4/28/06

For Office Use Only:

Aquifer: _____
Well #: Q-56
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>Ernie Chenuit</u>	Latitude: <u>32° 37.498</u> Longitude: <u>89° 36.773</u>
Mailing Address: <u>Goodhope Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Carthage</u> <u>MS</u> <u>39051</u> City State Zip Code	1/4 Sec <u>18</u> Twn <u>9N</u> Rng <u>7E</u>
Telephone No. <u>(601) 654-7771</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Goodhope</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air-Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>4/28/06</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Setting Depth: <u>40</u> feet
	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/28/06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	
Test Pumping Rate: <u>254</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