

County Leake
 Permit #:
 Driller: Thomas Drilling
 Date drilling completed: 12-27-06

State Well Report
Part I - 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 #: Q-59
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license 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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Andy Shannon #2</u>	Latitude: <u>32° 36.882'</u> Longitude: <u>89° 35.217'</u>
Mailing Address: <u>6800 Utah Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>LENA</u> <u>MS</u> <u>39094</u>	USGS quad: _____
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>21</u> Twn <u>9N</u> Rng <u>2E</u>
Telephone No. () _____	Distance <u>3/4</u> Miles Direction <u>N</u> of Nearest Town <u>LENA</u>
Well / Borehole Data	
Date drilling started: <u>12-27-06</u> Date drilling completed: <u>12-27-06</u> Hole depth: <u>70'</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>Thomas Drilling</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 lb in tender for wash</u>	
Logs run (circle all applicable): <u>Electric</u> 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) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Poultry</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>14</u> feet above or below (circle one) land surface Date measured: <u>12-27-06</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>50</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>50</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR SWR 1A

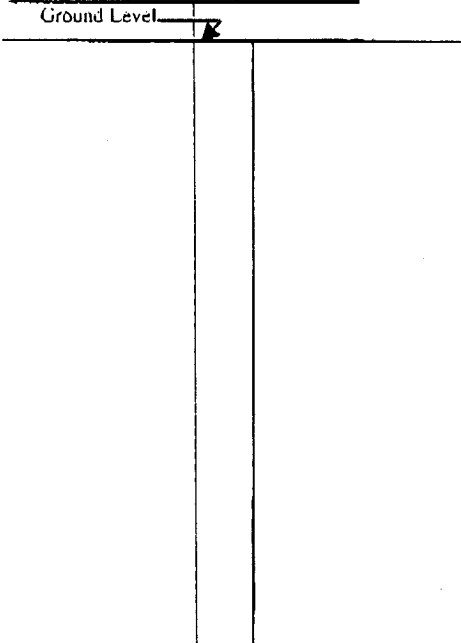
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Q-59

The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Mixed Clay	0	10
Fine White Sand	10	60
Clay	60	61
Fine White Sand	61	70

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) a north arrow.

Landowner Name: Andy SHANNON #2

Form: OLWR-SWR-1A

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 laws.

James E Thomas 702 12/27/06
Print Name of Responsible Licensee and License No. Date

[Signature]
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: 12-29-06
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-59
 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>Andy Shannon #2</u>	Latitude: <u>32°36.852</u> Longitude: <u>89°35.219</u>
Mailing Address: <u>6800 Utah Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>21</u> T <u>9N</u> R <u>7E</u>
<u>LENA</u> MS <u>39094</u> City State Zip Code	Distance Direction Nearest Town <u>3/4</u> Miles <u>N</u> of <u>LENA</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>12-29</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-29-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>14</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>1</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</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.

James E. Thomas 902
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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