

County: Neshoba
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 8-12-04

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 #: E 69 099
 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>David Breazoale</u>	Latitude: <u>32° 46' 179"</u> Longitude: <u>89° 15' 432"</u>
Mailing Address: <u>12530 Rd. 147</u>	Method of Lat/Long (circle one): Conventional Survey, ¹¹ ₂₆
<u>Philadelphia MS 39350</u> City State Zip Code	USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. () _____	<u>SW</u> <input checked="" type="checkbox"/> <u>SE</u> <input checked="" type="checkbox"/> Sec <u>27</u> Twn <u>11N</u> Rng <u>10E</u>
	Distance Direction Nearest Town <u>1.5</u> Miles <u>W</u> of <u>Chaetaw</u>

Well Data

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

Date well drilling started: 8-12-04 Date well drilling completed: 8-12-04 SEP 10 2004

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

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 8-12-04

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

Hole depth: 130' Well depth: 130' 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: 10' feet Screen diameter: 4" inches Type of screen: PVC Sanded Slot

Screen slot size: .010 inches Setting depth: From 120 feet to 130 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.

David S. Thomas
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Neshoba
 Permit #: _____
 Driller: THOMAS Drilling
 Date completed: 8-14-04

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 Office of Land and Water Resources
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 Jackson, MS 39289-0631
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For Office Use Only:

Aquifer: _____
 Well #: E 69
 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.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>David Beazale</u> Mailing Address: _____ _____ _____ City State Zip Code Telephone No. (____) _____</p>	<p align="center">Well Location</p> <p>Latitude: <u>32° 46' 179"</u> Longitude: <u>HO 89° 15' 432"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> ¼ <u>SE</u> ¼ Sec <u>27</u> Twn <u>11N</u> Rng <u>10E</u> Distance Direction Nearest Town <u>1.5</u> Miles <u>W</u> of <u>CHOCTAW</u></p>
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 SEP 10 2004

<p align="center">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-14-04</u> Rated Pump Capacity: <u>13</u> Gallons Per Minute</p>	<p align="center">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>10</u></p>
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<p align="center">Pump Test Data</p> <p>Date Well Tested: <u>8-14-04</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>85</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>NA</u> hours</p>	<p align="center">Method of Measuring Water Level Circle one</p> <p><u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-147 David S. Thomas
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer