

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED Perry		PERMIT NUMBER
WELL NUMBER L-2008	CODED	NAME OF DRILLING FIRM Thompson Bros.
DATE WELL COMPLETED 6-12-02		

NAME & MAILING ADDRESS OF LANDOWNER Penbury Resources P.O. Box 506 Laurel, MS			
Latitude: Longitude:			
WELL LOCATION.	SEC 20	TOWNSHIP 20 ^N	RANGE 10 ^E
DISTANCE 6 Miles	DIRECTION S	NEAREST TOWN of New Augusta	
OTHER LANDMARK Camp Shelby			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. rig supply			

PUMP DATA

PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe) _____
POWER TYPE (Circle One): Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
sand + clay	0	45
clay	45	180
sand	180	250
clay	250	270

WELL DATA

Well Depth 260	Casing Diameter (In.) 4	Casing Length (Ft.) 248
Type of Casing PVC	Hole Depth 270	Depth to Static Water Level 40'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF 20 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 4	Length - Feet 20	Slot Size - Inches .020
Screen Type PVC slot		Depth to Bottom - Feet 250

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

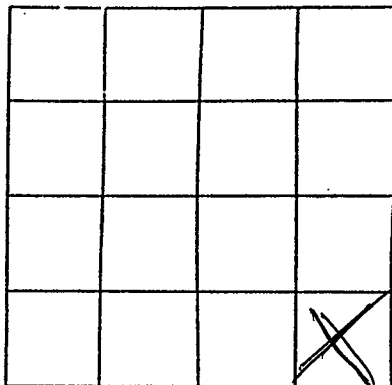
RECEIVED
JUL 08 2002
BY: OLWR

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.

J.P. Thompson 0-624 7-2-02
Signature of Licensed Driller and License No. Date

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
---------------------	---------------	---------------	-----

PUMP TEST

Well yielded 100 GPM with
 a drawdown of 5 ft.
 after air lift hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run.
 Electric, Gamma Ray, Density, Sonic, Neutron,
 Other (Describe) _____

Name of Organization Running Log

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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