

State Well Report

Part 1

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 #: R-86
 L. S. Elevation: 181
 E-log #: _____

County: Quitman
 Permit #: GW 40684
 Driller: Delta Drilling of Tunica
 Date drilling completed: 11-7-05

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>Bill Thomas</u>	Latitude: <u>34° 51' 56"</u> Longitude: <u>90° 44' 49"</u>
Mailing Address: <u>5160 Sanderling</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Suite #1</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>1W</u>
<u>Memphis TN 38117</u>	<u>NW 1/4 SE 1/4 Sec 28 Twn 26N Rng 11W</u>
City State Zip Code	<u>SW SW 30</u>
Telephone No. (601) <u>888-766-9075</u>	Distance <u>1</u> Miles <u>N</u> of <u>VANCE</u>

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Well Data

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

Date well drilling started: 11-7-05 Date well drilling completed: 11-7-05

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 11-8-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0035 inches Setting depth: From 70 feet to 110 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: Driller Visual

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.

ALAN PYLE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Whitson David Hot Jan 12-4-05

If well telescopes please sketch below and show depths.

L81

K-86

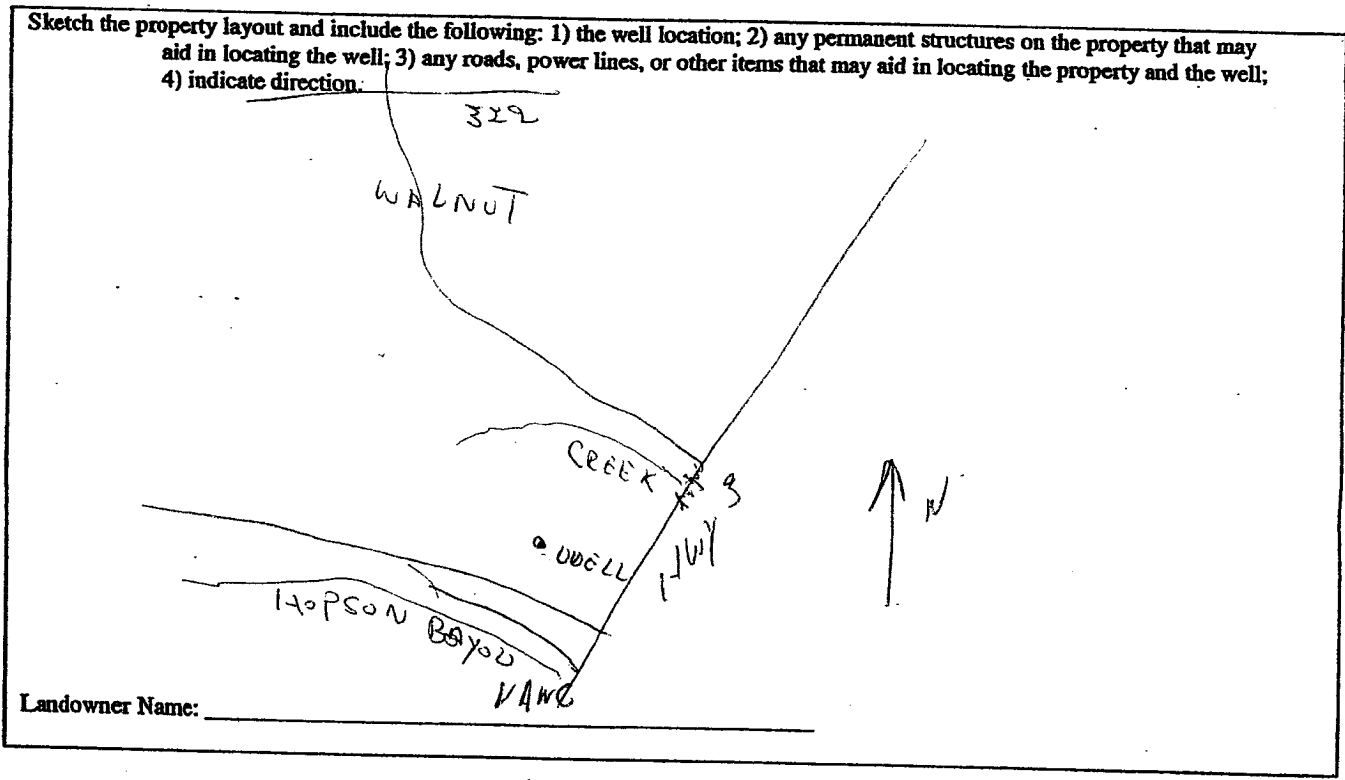
Ground Level

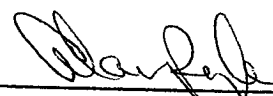
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Description of Formations Encountered	From	
2 1/2" Size	0	42
fine sand + coral	40	60
Sand + Gravel	60	110

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




Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Quitman
 Permit #: GW 40684
 Driller: DELTA DRILLING OF TUNCOA
 Date completed: 11-7-05

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For Office Use Only:

Aquifer: _____
 Well #: K-86
 Elevation: L81

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>BILL THOMAS</u>	Latitude: <u>34° 51' 51" N</u> Longitude: <u>090° 11' 99" W</u> <small>'05 2A 20 14</small>
Mailing Address: <u>5160 SANDERLEN</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, Survey-grade GPS
<u>MEMPHIS TN 38117</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 25 Twn 26 N Rng 11 W</u> Distance SW Direction 30 Nearest Town <u>IN</u>
Telephone No. <u>(888) 766-9075</u>	<u>1</u> Miles <u>N</u> of <u>Vance</u>

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Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>1/6/06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>Two</u>

BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752 P Signature of Pump Installer
 Print Name of Pump Installer and License No. (if applicable)