

County: Quitman
 Permit #: GW 41370
 Driller: Pete's Well Drilling
 Date drilling completed: 9-23-06

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: L90
 Well #: E-57
 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>Gerald White</u>	Latitude: <u>34° 02' 627"</u> Longitude: <u>90° 12' 1661" W</u> <small>07 11 19 57</small>
Mailing Address: <u>13255 Charley Pride Rd.</u> <small>South</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Vance</u> State: <u>MS</u> Zip Code: <u>38964</u>	SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>18</u> Twn <u>26N</u> Rng <u>01W</u>
Telephone No. <u>(662) 444 8364</u>	Distance <u>WW</u> Miles <u>7</u> Direction <u>W</u> of <u>Nearest Town</u> <small>Warrenton</small>

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

Date well drilling started: 9-23-06 Date well drilling completed: 9-23-06

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 9-23-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 11 1/2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 11 1/2 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underramed 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: _____

YMD JOINT WATER MANAGEMENT DISTRICT

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.

Pete's Well Drilling & Pump Repair
 Print Name of Water Well Contractor and License No. 8430
Pete Lassuffe
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

41370

REC'D FEB 06

Ground Level

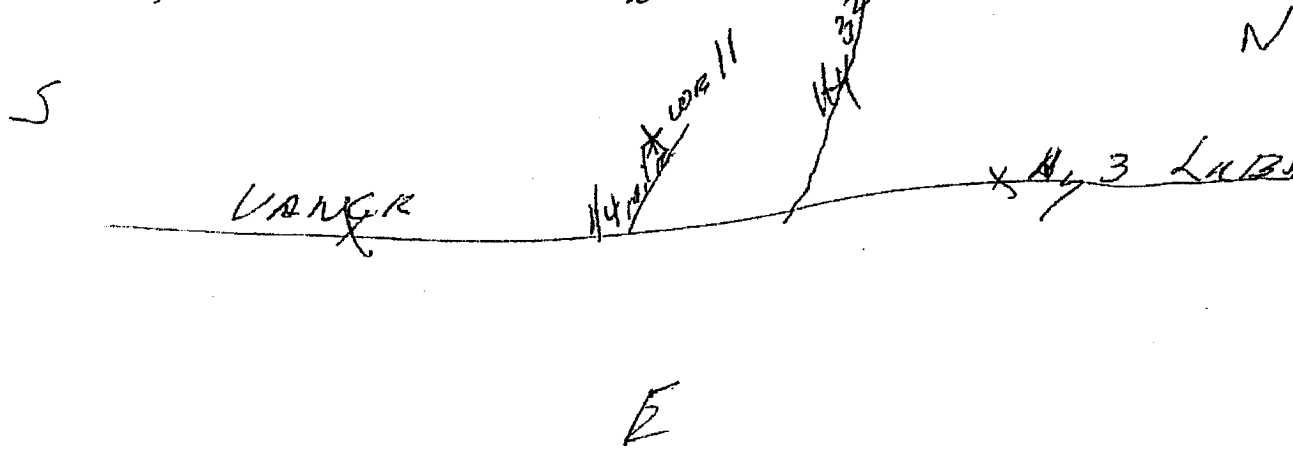
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	40
f. N.R. SAND	40	55
COARSE SAND + GRAVEL	55	100

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) indicate direction.



Landowner Name: CARROLL WHITE

Pet. S. ...
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: L90
Well #: ~~E-57~~
Elevation: _____

County: Quitman
Permit #: GW-41370
Driller: Pete's Well Drilling
Date completed: 9-24-06

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>Gerald White</u>	Latitude: <u>34-07-11</u> Longitude: <u>90-19-57</u>
Mailing Address: <u>13255 Charlie Pkwy</u> <u>Way South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vance MS 38964</u> City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>26N</u> Rng <u>01W</u>
Telephone No. <u>(662) 444 8364</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u> ^{12x2} _{5709/4}	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>9-24-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No Test</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>16</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.

Pete's Well Drilling & Pump Repair Pete's
Print Name of Pump Installer and License No. (if applicable) 0430 Signature of Pump Installer

REC'D FEB 06