

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 2-15-06

### 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: \_\_\_\_\_  
 Well #: A-38  
 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>JIMMY CRAIG</u>             | Latitude: <u>32° 30' 729</u> " Longitude: <u>89° 39' 914</u> "                      |
| Mailing Address: <u>Box 80 New Home Rd</u> | Method of Lat/Long (circle one): <u>43</u> Conventional Survey, <u>Alt. 355' 55</u> |
| <u>LENA</u> <u>MS</u> <u>39094</u>         | USGS quad, <u>LAP top</u> Survey-grade GPS  |
| City State Zip Code                        | <u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>8N</u> Rng <u>6E</u>                     |
| Telephone No. (601) <u>732-7457</u>        | Distance Direction Nearest Town<br><u>3.5</u> Miles <u>N</u> of <u>Forkville</u>    |

**Well Data**

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

Date well drilling started: 2-15-06 Date well drilling completed: 2-15-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 2-15-06

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

Hole depth: 225 Well depth: 225 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 195 feet to 225 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 0-149 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

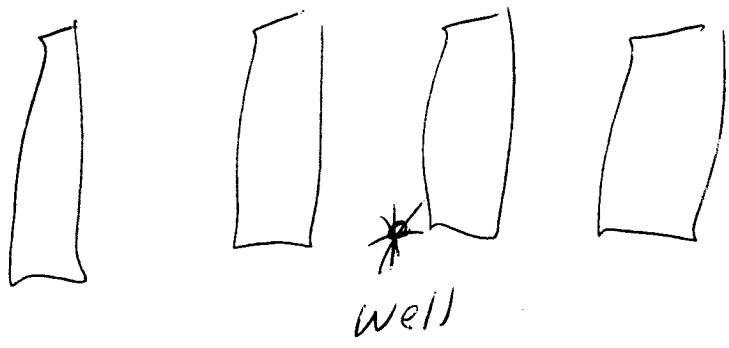
If well telescopes please sketch below and show depths.

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| Ground Level | Description of Formations Encountered | From | To  |  |
|--------------|---------------------------------------|------|-----|--|
|              | TAN CLAY                              | 0    | 31  |  |
|              | GRAY CLAY                             | 31   | 70  |  |
|              | Stks of fine SAND & CLAY              | 70   | 110 |  |
|              | SAND & lignite                        | 110  | 130 |  |
|              | fine SAND & CLAY                      | 130  | 160 |  |
|              | GRAY SAND Med/FINE                    | 160  | 190 |  |
|              | Good GRAY SAND                        | 190  | 225 |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |
|              |                                       |      |     |  |

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: JIMMY CRAIG

[Signature]  
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)

County: SCOTT  
Permit #: \_\_\_\_\_  
Driller: THOMAS Drilling  
Date completed: 2-17-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: A-38  
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.**

| Well Owner Information                     | Well Location   |
|--|---|
| Owner Name: <u>JIMMY CRAIG</u>             | Latitude: <u>32° 30.729</u> Longitude: <u>89° 39.914</u>        |
| Mailing Address: <u>Box 80 New Home Rd</u> | <u>43</u> Alt. <u>355' 55"</u>                                  |
| <u>LENA</u> <u>MS</u> <u>39094</u>         | Method of Lat/Long (circle one): <u>Hand-held GPS</u>           |
| City State Zip Code                        | USGS quad, <u>440700</u> Survey-grade GPS                       |
| Telephone No. <u>(601) 732-7459</u>        | <u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>8N</u> Rng <u>6E</u> |
|  | Distance Direction Nearest Town                                 |
|  | <u>3.5</u> Miles <u>N</u> of <u>Forkville</u>                   |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> 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>2-17-06</u>                              | Setting Depth: <u>80</u> feet   |
| Rated Pump Capacity: <u>27</u> Gallons Per Minute                | Number of Stages: <u>10</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: <u>2-17-06</u>                           | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>45</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____     |
| Test Pumping Rate: <u>45 +</u> Gallons Per Minute          | _____ feet after _____ hours of pumping             |
| 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.

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

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