

County: SCOTT
 Permit #: _____
 Driller: THOMAS Drilling
 Date drilling completed: 5-10-05

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 #: B-31
 L. S. Elevation: 438
 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.

| | | |
|---|--|--|
| <p>Well Owner Information</p> <p>Owner Name: <u>Rex Ingram #4</u> Mailing Address: <u>1006 Hwy 35 S</u> <u>CARTHAGE MS 39051</u> City State Zip Code Telephone No. <u>(601) 267-9919</u></p> | | <p>Well Location</p> <p>Latitude: <u>32° 32' 51"</u> Longitude: <u>-89° 33' 09"</u> Method of Lat/Long (circle one): Conventional Survey, <u>VIA MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> Sec <u>14</u> Twn <u>8N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>LENA</u></p> |
|---|--|--|

Well Data

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

Date well drilling started: 5-10-05 Date well drilling completed: 5-10-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 5-10-05

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 130 feet to 150 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.

B-31

Ground Level

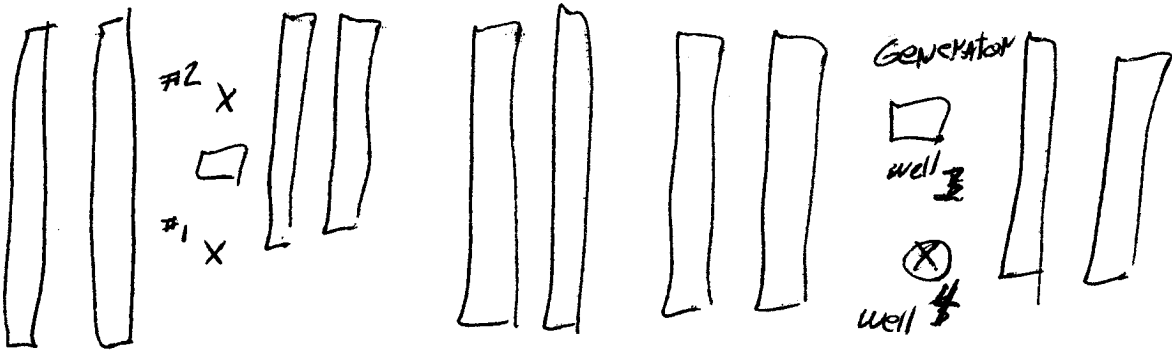
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Mixed Clay | 0 | 14 |
| White Sand | 14 | 94 |
| Clay & Rock | 94 | 96 |
| White Sand | 96 | 125 |
| Gray Sand & Lignite (Med) | 125 | 150 |
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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: Rex INGRAM # 48


Signature of Water Well Contractor

0
5
B. G. W. A.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Scott
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 5-10-05

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 #: B-31
 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>Rex Ingram #4</u> | Latitude: <u>32.54749°</u> Longitude: <u>-89.55261°</u> |
| Mailing Address: <u>1006 Hwy 35 S</u> | Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> <u>MAP</u> Hand-held GPS, Survey-grade GPS |
| <u>Carthage</u> MS <u>39051</u> | _____ ¼ _____ ¼ Sec <u>14</u> Twn <u>8N</u> Rng <u>7E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 267-9719</u> | <u>3</u> Miles <u>SE</u> of <u>LENA</u> |

| Pump Type Circle one | Power Type 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>5-10-05</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 Circle one |
|--|---|
| Date Well Tested: <u>5-11-05</u> | <input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>50</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><10</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>40+</u> Gallons Per Minute | |
| 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 Print Name of Pump Installer and License No. (if applicable) David S. Thomas Signature of Pump Installer

b7c/vj/h