

County: Scott
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 8-13-04

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 #: D 42 123
 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.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>Richard Oneil</u> Mailing Address: <u>816 Hayes Rd.</u> <u>Conehatta MS 39057</u> <small>City State Zip Code</small> Telephone No. () _____</p>		<p align="center">Well Location</p> <p><u>N 32° 30.209'</u> <u>W 089° 20.255'</u> Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>26</u> Twn <u>8N</u> Rng <u>9E</u></p> <p>Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Sebastopol</u></p>	
--	--	---	--

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry
 Date well drilling started: 8-13-04 Date well drilling completed: 8-13-04
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 28' feet above or below (circle one) land surface Date measured: 8-13-04
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 140' Well depth: 140' Well grouted to a depth of 10' feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: Sawed
 Screen slot size: .016 inches Setting depth: From 120' feet to 140' 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): _____

RECEIVED
 SEP 10 2004
 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.

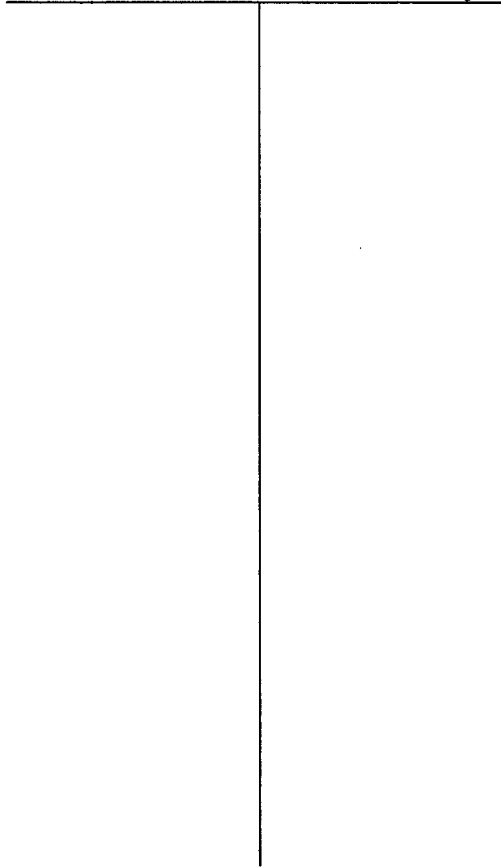
David S. Thomas O-147
 Print Name of Water Well Contractor and License No.

David S. Thomas
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

D-42

Ground Level

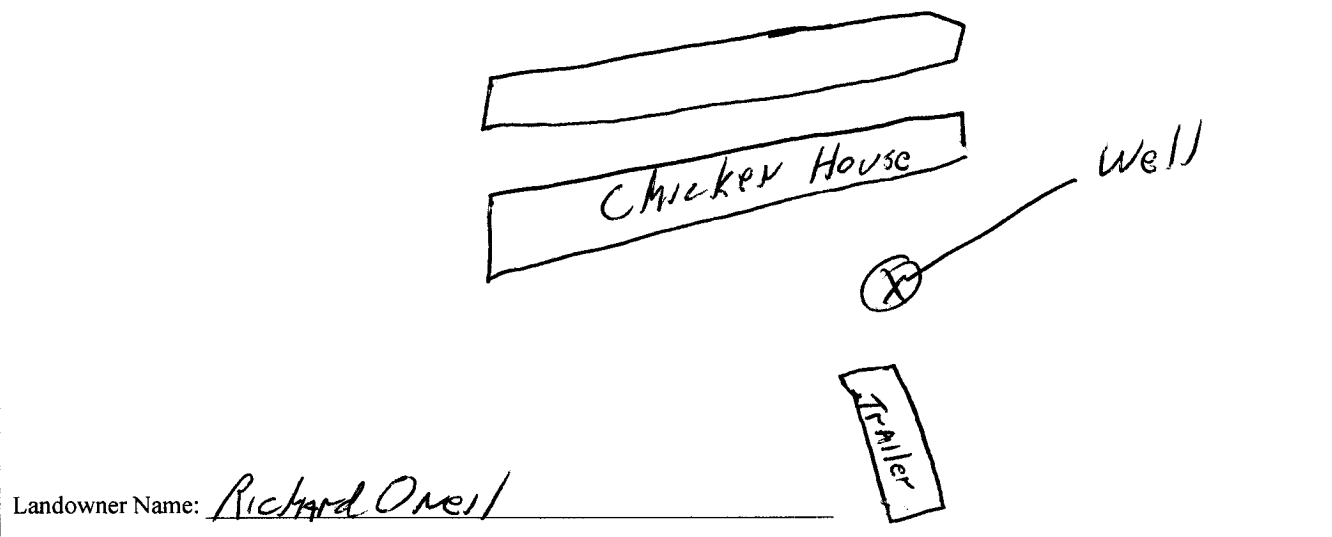


Description of Formations Encountered	From	To
Dirt & Clay	0	26
fine SAND & CLAY	26	40
GRAY CLAY	40	61
Light GRAY SAND	61	105
Mod - COARSE GRAY SAND	61	140

RECEIVED
SEP 10 2004
BY: OLWR

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: Richard O'neil

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Scott
 Permit #: _____
 Driller: _____
 Date completed: 8-14-04

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 #: D 42
 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.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>Richard Oneil</u> Mailing Address: _____ _____ _____ City State Zip Code Telephone No. (____) _____</p>	<p align="center">Well Location</p> <p><u>N 32° 30.209'</u> Latitude: _____ Longitude: <u>W 089° 20.255'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>26</u> Twp <u>8 N</u> Rng <u>9 E</u> Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Sebastopol</u></p>
--	---

<p align="center">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-14-04</u> Rated Pump Capacity: <u>28 27</u> Gallons Per Minute</p>	<p align="center">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>60'</u> feet Number of Stages: <u>9</u></p>
---	---

RECEIVED
 SEP 10 2004
 BY: OLWR

<p align="center">Pump Test Data</p> <p>Date Well Tested: <u>8-14-04</u> Static Water Level (A): <u>20</u> Feet Below Land Surface Pumping Water Level (B): <u>25</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>39</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours</p>	<p align="center">Method of Measuring Water Level Circle one</p> <p><u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
--	---

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