

County: Scott
 Permit #: _____
 Driller: THOMAS DRILLING
 Date drilling completed: 5-13-05

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 #: G-53
 L. S. Elevation: 450
 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>Kenneth Warren</u> | | Latitude: <u>N 32° 27' 49.5"</u> | Longitude: <u>W 89° 25' 51.3"</u> |
| Mailing Address: <u>6866 Hwy 21N</u> | | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS | |
| <u>Forest</u> City | <u>MS</u> State | <u>39074</u> Zip Code | <u>1/4</u> Sec <u>12</u> Twn <u>9N</u> Rng <u>8E</u> |
| Telephone No. <u>(601) 469-3090</u> | | Distance <u>5</u> Miles | Direction <u>N</u> of Nearest Town <u>Forest</u> |

Well Data

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

Date well drilling started: 5-13-05 Date well drilling completed: 5-13-05

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

Static Water Level: 38 feet above or below (circle one) land surface Date measured: 5-13-05

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

Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 127 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 127 feet to 137 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.

[Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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: 5/14/05

For Office Use Only:

Aquifer: _____
Well #: G-53
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>Kenneth Warren</u> | Latitude: <u>N 32° 27.495</u> Longitude: <u>W 89° 25.843</u> |
| Mailing Address: <u>6866 Hwy 21N</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand held GPS</u> , Survey-grade GPS |
| <u>Forest</u> <u>MS</u> <u>39074</u> City State Zip Code | _____ ¼ _____ ¼ Sec <u>12</u> Twn <u>7N</u> Rng <u>8E</u> |
| Telephone No. <u>(601) 469-3090</u> | Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Forest</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 | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 1/2</u> |
| Date Pump Installed: <u>5/14/05</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>5/14/05</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>38</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>65</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>27</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>28</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)

[Signature]
Signature of Pump Installer