

County: Scott
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 9-20-06

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 #: H-31
 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>John Riser #1</u>	Latitude: <u>32° 26.170</u> " Longitude: <u>89° 25.009</u> "
Mailing Address: <u>400 Riser Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Forest, MS 39074</u>	USGS quad, <u>Hand-held GPS</u> , Survey grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>7N</u> Rng <u>9E</u>
Telephone No. <u>(601) 278-1849</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Forest</u>

Well Data

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

Date well drilling started: 9-20-06 Date well drilling completed: 9-20-06

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 9- -06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10+ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 100 feet to 120 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
 Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor _____

If well telescopes please sketch below and show depths.

Ground Level

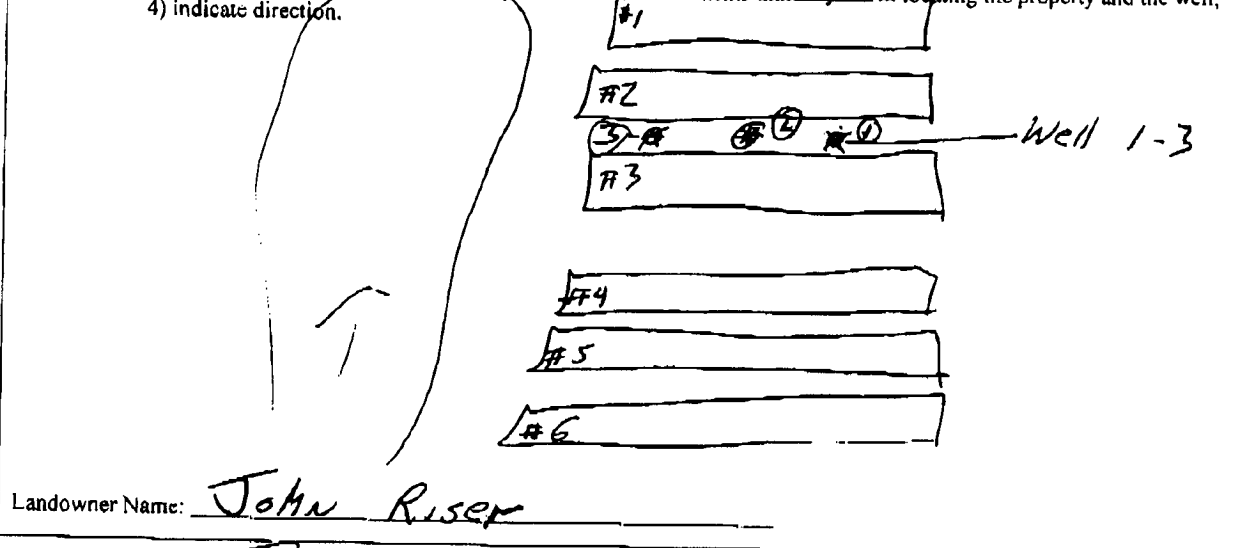
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	12
Sand & Clay	12	23
Gray Clay	23	64
Sand & Lignite	64	90
Med. Gray Sand	90	120

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: John Riser

David S. [Signature]
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Scott
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 9-26-06

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For Office Use Only:
 Aquifer: _____
 Well #: H-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
 Owner Name: John Riser
 Mailing Address: 406 Riser Rd
Forest MS 39074
 City State Zip Code
 Telephone No. (601) 278-1849

Well Location
 Latitude: N 32° 26.170 Longitude: W 89° 25.009
 Method of Lat/Long (circle one): 10 Conventional Survey, 00
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 19 Twn 7N Rng 9E
 Distance Direction Nearest Town
4 Miles NE of Forest

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9-26-06
 Rated Pump Capacity: 27 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 100 feet
 Number of Stages: 10

Pump Test Data
 Date Well Tested: 9-26-06
 Static Water Level (A): 48 Feet Below Land Surface
 Pumping Water Level (B): ± 55 Feet Below Land Surface
 Drawdown [(B) - (A)]: ± 7 Feet Below Land Surface
 Test Pumping Rate: 35 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 1 hours

Method of Measuring Water Level
 Circle one
 Air Line 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

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 of Pump Installer