

County: Simpson
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-21-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: P-45
 I. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <small>(Indicate if different from the owner name)</small>	Well or Borehole Location
Owner Name: <u>George Thomas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18367</u> <u>Hattiesburg MS 39404</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Sec. <u>14</u> Twp. <u>14N</u> Rng. <u>5E</u>
Telephone No. (_____) _____	Distance <u>3</u> Miles Direction <u>West</u> of <u>Morgan</u> Nearest Town <u>Morgan</u>
Well / Borehole Data	
Date drilling started: <u>5-21-08</u> Date drilling completed: <u>5-21-08</u> Hole depth: <u>140</u> Hole diameter: <u>7 in</u>	
Location of the source of any surface water used for drilling: <u>Well Water</u>	
Method of casing and volume of Chlorine used in drilling and development: <u>5 Hook 2 lb.</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <u>Water Well</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>115</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one): <u>seal tape</u> electric tape air line other: _____	
Well depth: <u>140</u> well grouted to a depth of _____ feet Type of grout (circle one): <u>Fast Concrete</u> Bentonite _____	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWH-1A (04/08)

Casing Only

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STATE WELL REPORT

Part 2

County: Simpson
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-21-08
 Copy information from block on Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 JACKSON, MS 39205
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only

Analyst: _____
 Well #: P-45
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the address within 30 days of well completion.

<p>Contract Number: <u>George Thomas</u> Mailing Address: <u>P.B. 18367</u> <u>Hattiesburg MS</u> <u>39404</u> City State ZIP Code Telephone (Area): _____</p>	<p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS 1/4 <u>14</u> T10N R <u>8E</u> Distance Direction Nearest Town <u>5 miles West of Magee</u></p>
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<p>Pump Type Circle one Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Motor Type Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Factor P10 Motor (specify): _____ Motor Power Rating (HP): _____ Current (amps): _____ Number of Stages: _____</p>
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<p>Pump Test Data Date Well Tested: <u>5-21-08</u> Static Water Level (ft): _____ Feet Below Land Surface Pumping Water Level (ft): _____ Feet Below Land Surface Drawdown (ft) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 3 hours): _____ hours</p>	<p>Method of Measuring Water Level Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <input type="checkbox"/> or not with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0586 James Wells
 FIELD ENGINEER (P) MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY REGISTERED PROFESSIONAL WELL DRILLER

Casing Only

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