

Aug 10 06 02:05p

THOMPSON BROTHER

8884792158

p. 1

1

Part 2 never received 4/13

State Well Report

Part 1

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 #: K-30
 L. S. Elevation: _____
 E-log #: _____

County: SMITH
 Permit #: _____
 Driller: J.P. THOMPSON
 Date drilling completed: 7/26/06

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>TELLUS OPERATING</u>	Latitude: <u>32°00'51"</u> Longitude: <u>84°29'57"</u>
Mailing Address: <u>P.O. Box 14108</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON MS.</u>	<u>SW 1/4 NE 1/4 Sec 17 Twn 2N Rng 8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>E</u> of <u>RALEIGH</u>

Well Data

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

Date well drilling started: 7/24/06 Date well drilling completed: 7/26/06

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 7/26/06

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

Hole depth: 200 Well depth: 190 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 170 feet to 190 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.

J.P. THOMPSON 0-624
 Print Name of Water Well Contractor and License No.

J.P. Thompson
 Signature of Water Well Contractor

RECEIVED
 AUG 10 2006
 BY: OLWR

