

State Well Report

Part 1 - Driller's 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)

County: ALCOON
Permit #: 565
Driller: WYSON (OLWR) - JOHN CAY
Date drilling completed: 8/17/06

For Office Use Only:
Aquifer: _____
Well #: H-144
L. 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BILLY HAYDIE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9 CR 324</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
<u>COWINA</u> <u>MS</u> <u>38834</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>T25</u> Rng <u>R8E</u>
Telephone No. <u>(662) 287-0364</u>	Distance <u>1</u> Miles Direction <u>SE</u> of Nearest Town <u>COWINA</u>

Well / Borehole Data

Date drilling started: 8-17-06 Date drilling completed: 8-17-06 Hole depth: 120 Hole diameter: 4

Location of the source of any surface water used for drilling: PACIFIC SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - INJECT

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 8-17-06

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC PLASTIC

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

Screen slot size: .010 inches From 110 feet to 120 feet

Type of completion (circle all applicable): Gravel pack Drilled Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet. If telescoped: _____ If on one screen, describe on next page

Form: OLWR-SWR-1A

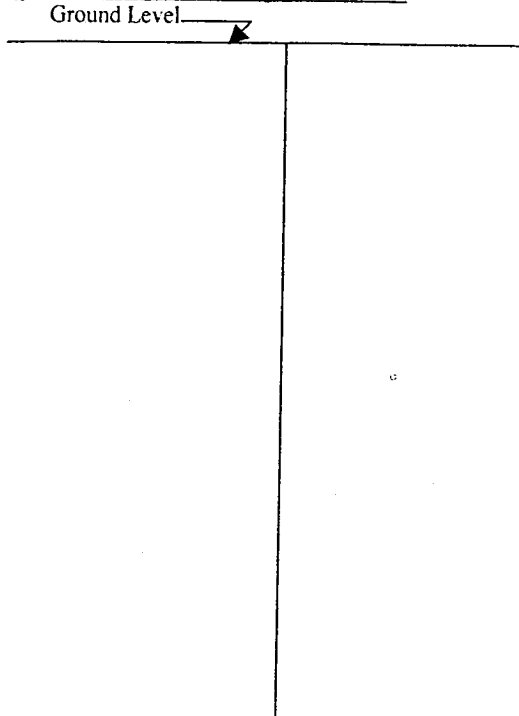
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H-144

The sketch below only required for water wells

If well telescopes, show depths on sketch.

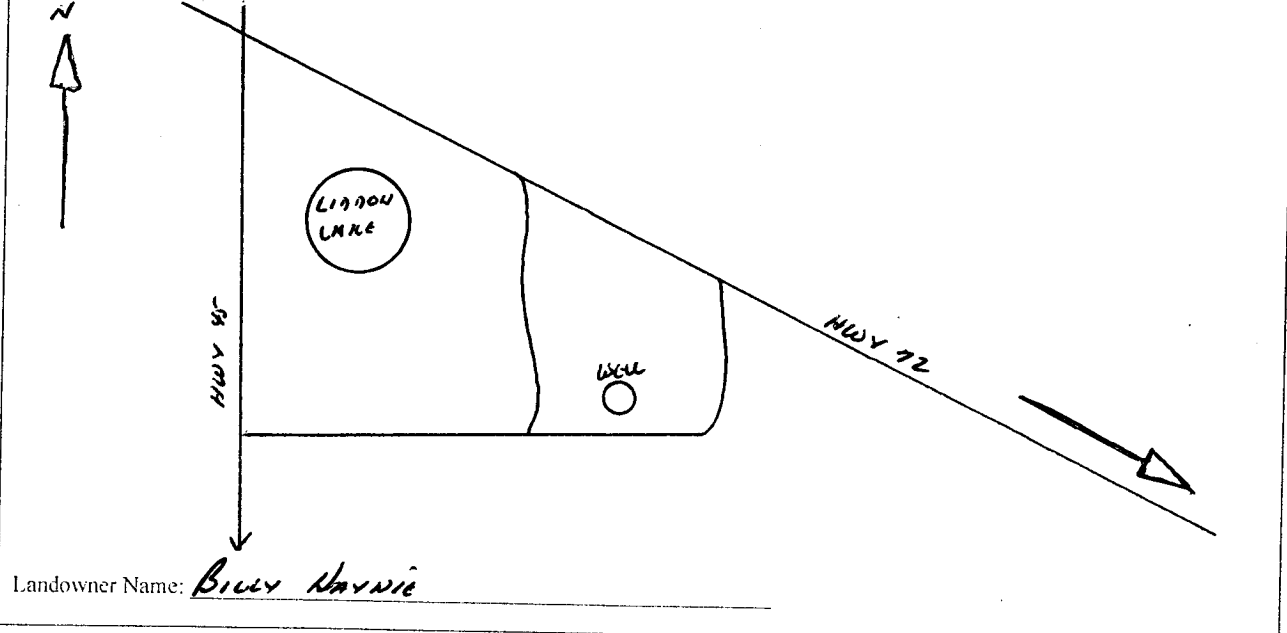
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	20
Gray Sand	20	40
Gray Sand	40	60
Sand / Clay	60	80
Sand	80	100
Sand	100	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) a north arrow.



Landowner Name: Billy Haynie

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rodney D. Wolsaw
Print Name of Responsible Licensee and License No.

9-11-06
Date

Rodney D. Wolsaw
Signature of Licensee

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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: ALCOON
 Permit #: 565
 Driller: WYSON WELLS - JAMES LAY
 Date completed: 8-17-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-144
 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 above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Billy Sawie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9 CR 324</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Corinth</u> <u>Ms</u> <u>38834</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>12S</u> R <u>8E</u>
Telephone No. <u>(662) 287-0364</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SE</u> of <u>Corinth</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input 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 HP</u>
Date Pump Installed: <u>8-17-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12-14</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-17-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>PVC PLASTIC PIPE</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12-14</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rodney D. Wicks 0-418 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B
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