

### State Well Report Part 1 - 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)

County: ATTALA  
 Permit #: \_\_\_\_\_  
 Driller: THOMAS DRILLING  
 Date drilling completed: 10-21-10

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K57  
 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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Pete Aldy</u>          Mailing Address: <u>4224 Highway 12</u>  <u>Sallis MS 39160</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 33° 01.699' 41"</u> Longitude: <u>89° 45.766' 45"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>35</u> TwN <u>14</u> Rng <u>5E</u>          SW Direction Nearest Town  <u>1/2</u> Miles <u>N</u> of <u>SALLIS</u></p>
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**Well / Borehole Data**

Date drilling started: 10-21-10 Date drilling completed: 10-21-10 Hole depth: 145 Hole diameter: 9"

Location of the source of any surface water used for drilling: ~~Thomas Drilling~~  
 Method of dosing and volume of Chlorine used in drilling and development: 1 lb / 2000 GALLONS & 1/2 KWAST

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: 99 feet above or below (circle one) land surface Date measured: 10-21-10

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

Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 125 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 125 feet to 145 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 next page*

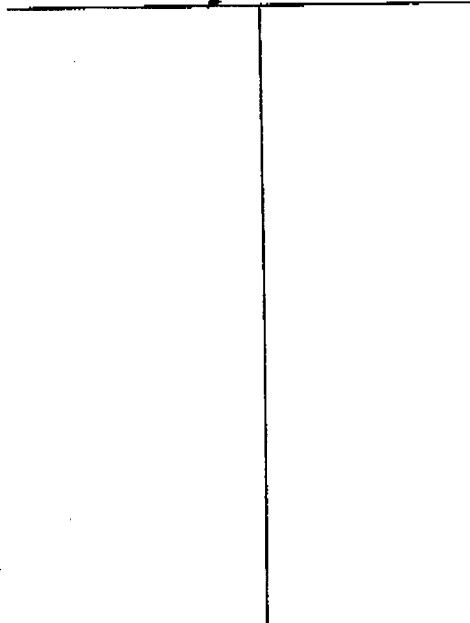
~~K21~~ 57

The sketch below only required for water wells

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

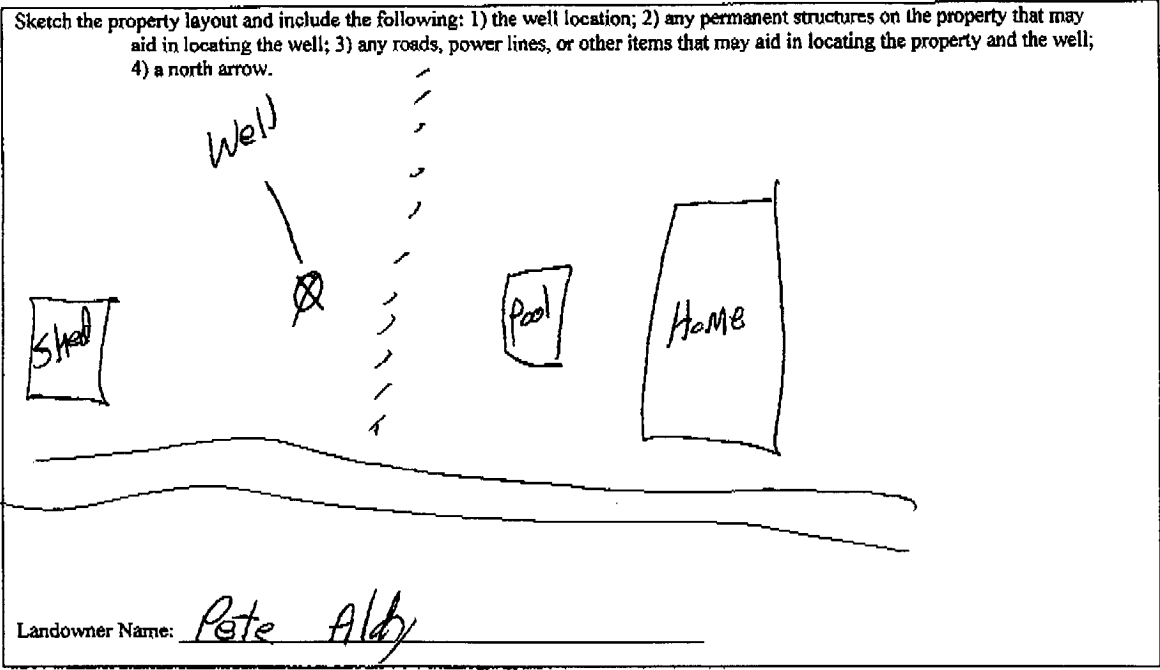
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Mixed clay	0	11
Clay w/ fine sand	11	31
White sand	31	145

If more than one screen, show location of each on sketch



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

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.

David S. Thomas 0-147 10-21-10

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**  
 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)

County: Attala  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 10-22-10  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K57  
 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>Pete Aldy</u>	Latitude: <u>N 33° 01.699</u> Longitude: <u>W 89° 45.266</u>
Mailing Address: <u>4774 Hwy 12</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Sallis</u> <u>MS</u> <u>39160</u>	_____ 1/4 _____ 1/4 Sec <u>35</u> T <u>14N</u> R <u>5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1/2</u> Miles <u>N</u> of <u>Sallis</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <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 hp 3Ø VAR.</u>
Date Pump Installed: <u>10-22-10</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): <u>97</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>915</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B)-(A)]: <u>18</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>30</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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