

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 5-14-12

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)

For Office Use Only:
 Aquifer: _____
 Well #: M92
 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>Ron Weaver</u>	Latitude: <u>33.034264</u> Longitude: <u>-89.616805</u>
Mailing Address: <u>Highway 14 Bypass</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>02 03 37-00</u>
<u>Kosciusko MS 39090</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 30 Twn 14N Rng 7E</u>
Telephone No. () _____	Distance <u>1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Kosciusko</u>

Well / Borehole Data

Date drilling started: 5-14-12 Date drilling completed: 5-14-12 Hole depth: 160 Hole diameter: 4"

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 in tender & wash

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: 72 feet above or below (circle one) land surface Date measured: 5-14-12

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

Well depth: 160 Well grouted to a depth of 10+ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 inches Setting depth: From 150 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

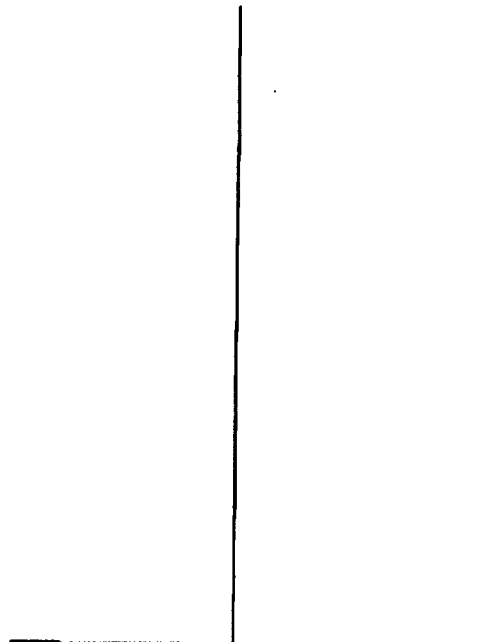
Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

M92

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

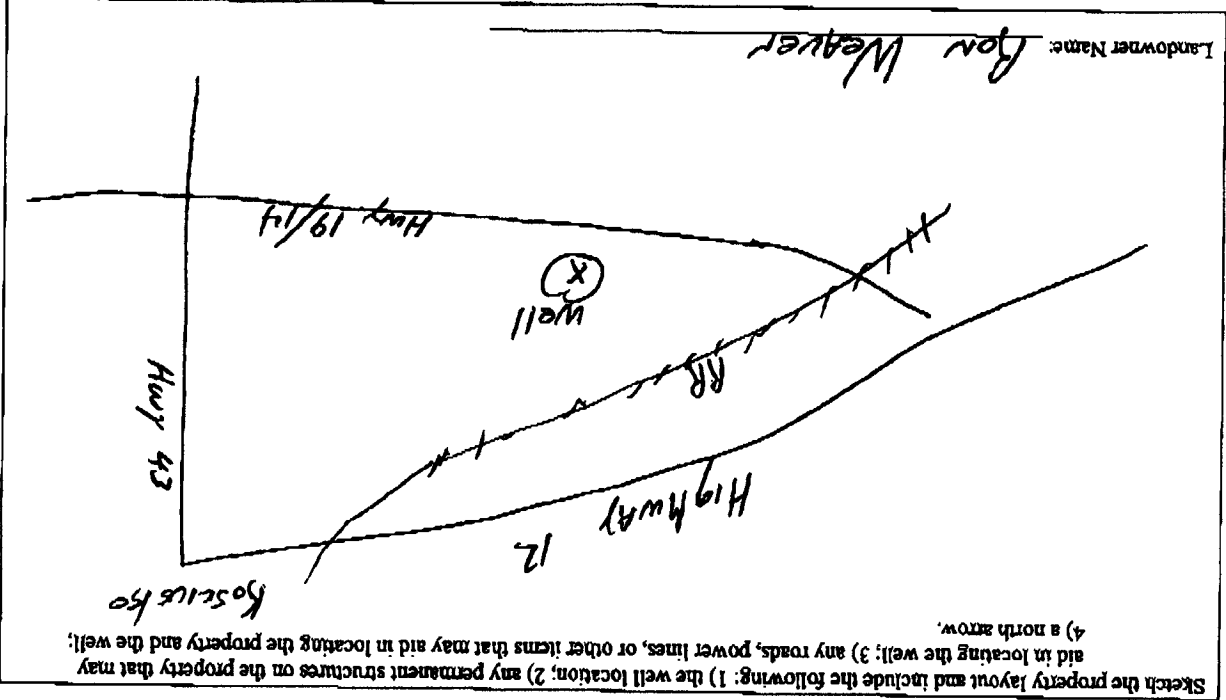


If more than one screen, show location of each on sketch

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)
Mixed Clay	0	10
Brown Clay	10	51
Rock & Clay	51	58
Rock	58	61
Clay & Sand	61	88
Rock	88	89
Green Sand	89	128
Grey Sand	128	140
Good Grey Sand	140	159
Clay	159	160

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.



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.

Print Name of Responsible Licensee and License No.

David S. Thomas 0-197

Date

5-14-12

Signature of Licensee

[Handwritten Signature]

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 5-15-12
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: M92
 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>Ron Weaver</u>	Latitude: <u>33.034264</u> Longitude: <u>-89.616805</u>
Mailing Address: <u>Hwy 14 Bypass</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Kosciusko</u> <u>MS</u> <u>39090</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 30 T 14N R 72</u>
Telephone No. () _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Kosciusko</u>

Pump Type	Power Type
Air Lift	Diesel Engine
Circle one	Circle one
Jet <input checked="" type="radio"/> Submersible	Gasoline Engine Natural Gas
Bucket	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Piston Turbine	Windmill Other (specify): _____
Centrifugal	Horse Power Rating of Motor: <u>1/2</u>
Rotary Rotary Flowing Well	Setting Depth: <u>100</u> feet
Other (specify): _____	Number of Stages: <u>7</u>
Date Pump Installed: <u>5-15-12</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-15-12</u>	Circle one
Static Water Level (A): <u>72</u> Feet Below Land Surface	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>90</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>15</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.

Dave S. Thomas 0-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer