

County: Attala  
 Permit #: \_\_\_\_\_  
 Driller: David Thomas  
 Date drilling completed: 8-29-06

**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)754-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5-48  
 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 align="center"><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Terry Culpepper</u>          Mailing Address: <u>20916 Attala Rd. 22016</u>  <u>Kosciusko MS 39090</u>          City State Zip Code          Telephone No. ( ) _____</p>		<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 56.709</u> " Longitude: <u>89° 32.126</u> "  <u>56 42</u> <u>07</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>NE 1/4 NW 1/4 Sec 36 Twn 13 N Rng 7E</u>          Distance Direction Nearest Town  <u>1.5 Miles NE of Dossville</u></p>
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**Well / Borehole Data**

Date drilling started: 8-29-06 Date drilling completed: 8-29-06 Hole depth: 205 Hole diameter: 4"

Location of the source of any surface water used for drilling: Well @ Store  
 Method of dosing and volume of Chlorine used in drilling and development: Tender & washed

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: 55 feet above or below (circle one) land surface Date measured: 8-29-06

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

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

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 195 feet to 205 feet

Type of completion (circle all applicable): Crawl 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*

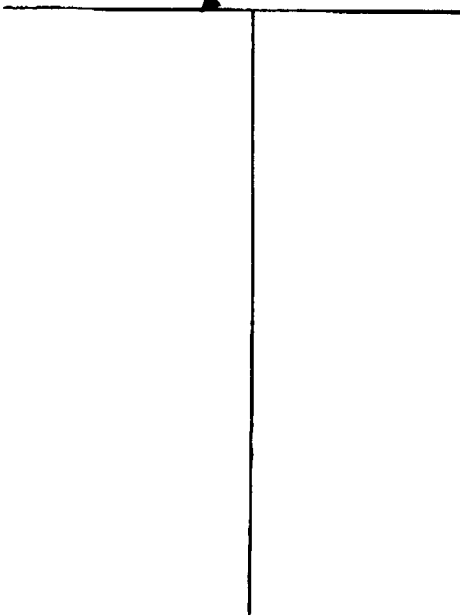
Form: OLWR-SWR-1A

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5-48

The sketch below only required for water wells

If well telescopes, show depths on sketch  
Ground Level       

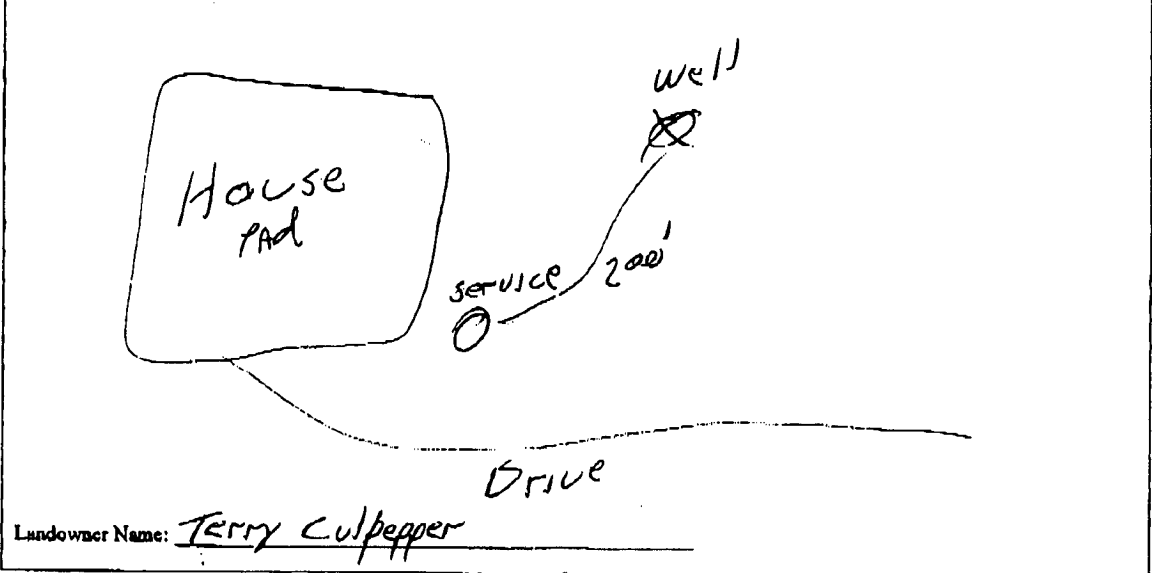


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TAN CLAY	Ground Level	16
SAND	16	32
GRAY CLAY	32	70
GREEN SAND & CLAY	70	85
Rock	85	86
SAND & ROCK	86	120
GREEN SAND & GRAY	120	147
GRAY SAND	147	205

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: Terry Culpepper

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.

DAVID S. THOMAS 0-147

8-29-06

Print Name of Responsible Licensee and License No.

Date

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: Attala  
 Permit #: \_\_\_\_\_  
 Driller: David Thomas  
 Date completed: 8-29-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5-48  
 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>Terry Culpepper</u>	Latitude: <u>32°56.709</u> Longitude: <u>89°32.126</u>
Mailing Address: <u>2096 Attala Rd. 2006</u>	Method of Lat/Long (check one): <u>42</u> Conventional Survey <u>07</u>
<u>Kosciusko MS 39090</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>36</u> T <u>13N</u> R <u>7E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1.5</u> Miles <u>NE</u> of <u>Passville</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	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>1/2</u>
Date Pump Installed: <u>8-29-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-29-06</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>1.2</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David S. Thomas 0-147      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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