

County: Attala
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 12-6-06

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)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: T-31
 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>JIMMY DUNN JR</u>	Latitude: <u>N 32° 57.502'</u> Longitude: <u>89° 29.540'</u>
Mailing Address: <u>Rt 4 Box 236</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey, <u>32</u>
<u>Kosciusko MS 39090</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 29 Twn 13 N Rng 8 E</u>
Telephone No. ()	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Smyrna</u>

Well / Borehole Data

Date drilling started: 12-6-06 Date drilling completed: 12-6-06 Hole depth: 160' Hole diameter: 4 1/2"

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 & washup

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: Poultry

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-06-06

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: 140 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 120 feet to 140 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*

Form: OLWR-SWR-1A

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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: Thomas Drilling
Date completed: 12-12-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: T-31
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>Jimmy Dunn #5</u>	Latitude: <u>N 32°57.502</u> Longitude: <u>W 89°29.540</u>
Mailing Address: <u>Rt 4 Box 236</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Kosciusko MS 39090</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>SMYRNA</u>

Pump Type Circle one	Power Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor	Natural Gas <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Hand <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Other (specify): _____	Windmill <input type="checkbox"/>	Other (specify): _____
Date Pump Installed: <u>12-12-06</u>	Horse Power Rating of Motor: <u>1 1/2</u>	
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Setting Depth: <u>120</u> feet	
	Number of Stages: <u>9</u>	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-06</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>84</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B)-(A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>32</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>1</u> hour	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

David S Thomas 0-149 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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