

County: Attala Carroll
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 12-1-11

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: Q 20
 Well #: _____
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Steve Greer</u> Mailing Address: <u>Graystone Drive</u> <u>Madison MS 39112</u> City State Zip Code Telephone No. <u>(601) 605-2425</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N 33° 14.182'</u> Longitude: <u>W 89° 45.026'</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 Sec 26 Twn 16 N Rng 5 E</u> Distance Direction Nearest Town <u>1 Miles N of West</u></p>
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Well / Borehole Data

Date drilling started: 12-1-11 Date drilling completed: 12-1-11 Hole depth: 150' 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 to 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: 27 feet above or below (circle one) land surface Date measured: 12-1-11

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

Well depth: 150 feet 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 140 feet to 150 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 (04/08)

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 #: 920
 Elevation: _____

County: H.L.M.S.
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 12-1-11
Copy information from block on Part 1

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>Steve Greer</u>	Latitude: <u>N33°14.187</u> Longitude: <u>W89°45.026</u>
Mailing Address: <u>Greystone Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Madison</u> <u>MS</u> <u>39110</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(601) 605-2425</u>	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>West</u>

	Pump Type		Power Type		
	Circle one		Circle one		
Air Lift	Jet	<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>1/2</u>		
Date Pump Installed: <u>12-1-11</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>9</u>		

Pump Test Data		Method of Measuring Water Level		
		Circle one		
Date Well Tested: <u>12-2-11</u>	Static Water Level (A): <u>27</u> Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	Drawdown ((B) - (A)): <u>3</u> Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: <u>15</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>1</u> hours	For flowing well, measured shut in head: _____ feet		
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		

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

Form: OLWR-SWR-1C (07-09)