

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)

County: Chickasaw
Permit #: MS-GW-116472
Driller: TM Parks Drilling Co
Date drilling completed: 11-22-07

For Office Use Only:
Aquifer: _____
Well #: H-111
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>Lavern D. Unruh</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11665 South Highway 45A</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxolona, MS 38860</u>	<u>NW 1/4 NW 1/4 Sec 36 Twn 13S Rng 5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 447-2559</u>	<u>4 Miles South of Oxolona</u>

Well / Borehole Data

Date drilling started: 10-10-07 Date drilling completed: 11-22-07 Hole depth: 800' Hole diameter: 8"

Location of the source of any surface water used for drilling: Pond

Method of dosing and volume of Chlorine used in drilling and development: 5% Chlorine Solution Mix

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: 118 feet above below (circle one) land surface Date measured: 12-7-07

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

Well depth: 800 Well grouted to a depth of 300 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 110 feet Screen diameter: 4 inches Type of screen: PVC wire wrap

Screen slot size: .012 inches Setting depth: From 690 feet to 800 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: 340 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

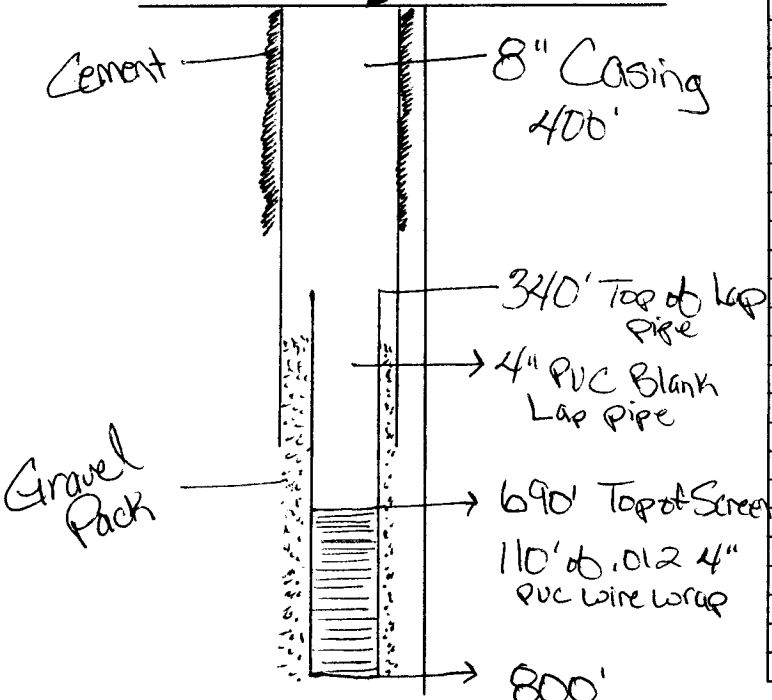
RECEIVED
DEC 21 2007
BY: [Signature]

H-111

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

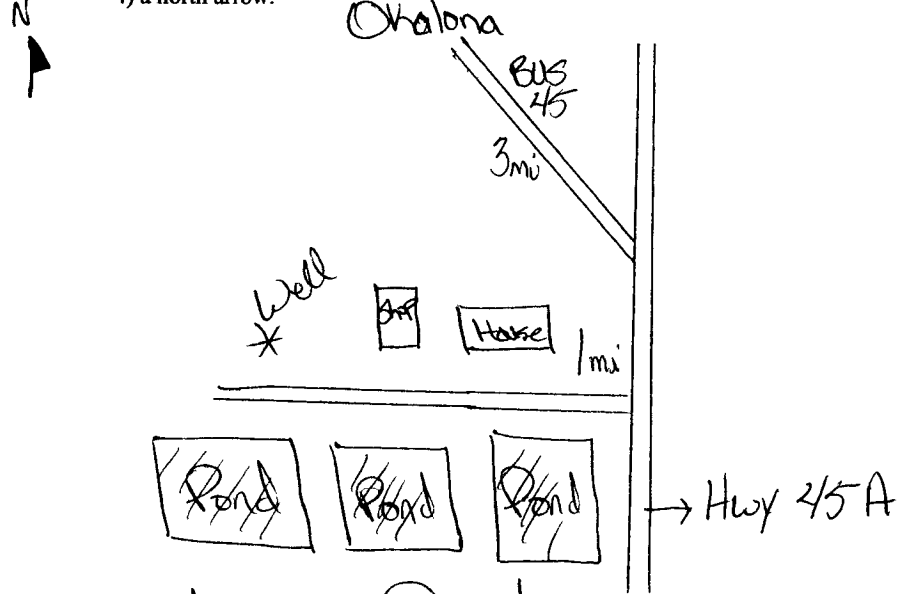


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	275
Sand	275	385
Clay / Sand	385	415
Sand	415	540
Clay / Rock	540	660
Clay / Sand	660	685
Sand / Gravel	685	800
Pink Clay	800	805

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: Lavern D. Unruh

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.

TNT Parks # 0053

12/18/01

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

DEC 17 2001
B: JWH

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: Chickasaw
 Permit #: MS-GW-16472
 Driller: J.M. Parks Drilling Co
 Date completed: 11-22-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-111
 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>Lavern D. Umrah</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1665 South Highway 45A</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Okolona, MS 38860</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 36 T 133 R 5E</u>
Telephone No. <u>(662) 447-2559</u>	Distance Direction Nearest Town
	<u>4 Miles South of Okolona</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25 HP</u>
Date Pump Installed: <u>12-7-07</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-07</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>118</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>225</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>107</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>340</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

J.M. Parks #0-053 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer