

Choctaw

County: WINSTON
 Permit #: _____
 Driller: THOMAS Drilling
 Date drilling completed: 7-27-08

Well Driller Report and Well 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 #: L-27
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Dan Miller</u>	Latitude: <u>37° 07.112'</u> Longitude: <u>89° 16.753'</u>
Mailing Address: <u>1243 STEVENSON -</u> <u>Kerr Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McCool</u> MS <u>39108</u> City State Zip Code	1/4 Sec <u>33</u> Twn <u>15N</u> Rng <u>10E</u>
Telephone No. <u>(662) 773-5930</u>	Distance <u>12</u> Miles Direction <u>W</u> of Nearest Town <u>Louisville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-24-08 Date well drilling completed: 7-24-08

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 7-24-08

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

Hole depth: 165 Well depth: 165 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 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 155 feet to 165 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David S. Thomas 0-147 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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: Winston
 Permit #: _____
 Driller: Thomas Drill. Inc
 Date completed: 7-24-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-27
 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>Don Miller</u>	Latitude: <u>33°07.112</u> Longitude: <u>89°16.753</u>
Mailing Address: <u>1243 Stevenson</u> <u>Kerr Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>McCool</u> <u>MS</u> <u>39108</u> City State Zip Code	Distance _____ Direction <u>W</u> Nearest Town <u>Louisville</u>
Telephone No. <u>(662) 773-5930</u>	<u>12</u> Miles _____ of _____

Pump Type Circle one	Power Type 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</u>
Date Pump Installed: <u>7-24-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>17</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>41</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>53</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>6</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

Don Miller [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B