

Well # 1

County: Jones  
 Permit #: Exempt  
 Driller: Donald Smith Co.  
 Date drilling completed: 11-19-10

**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: MOCN  
 Well #: D201  
 L. S. Elevation: 247  
 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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MS Band Choctaw Indians</u>        Mailing Address: <u>BOK Homa Casino</u>  <u>P.O. Box 456</u>  <u>Philadelphia MS 39350</u>        City State Zip Code        Telephone No. ( ) <u>601-416-1212</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 46' 18.6"</u> Longitude: <u>89° 0' 57.6"</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SE 1/4 Sec 5 Twn 9N Rng 10W</u>        Distance Direction Nearest Town  <u>2 Miles E of Sandersville</u></p>
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**Well / Borehole Data**

Date drilling started: 11-2-10 Date drilling completed: 11-19-10 Hole depth: 254 Hole diameter: 15"

Location of the source of any surface water used for drilling: Public water Supply  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): Griner Drilling Service

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: 36.4 feet above or  below (circle one) land surface Date measured: 11-19-10

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

Well depth: 254 Well grouted to a depth of 50 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 205 feet Casing diameter: 8 inches Type of casing: Certalok PVC

Screen length: 49 feet Screen diameter: 6 inches Type of screen: Stainless Steel Munipack

Screen slot size: .20 inches Setting depth: From 205 feet to 254 feet

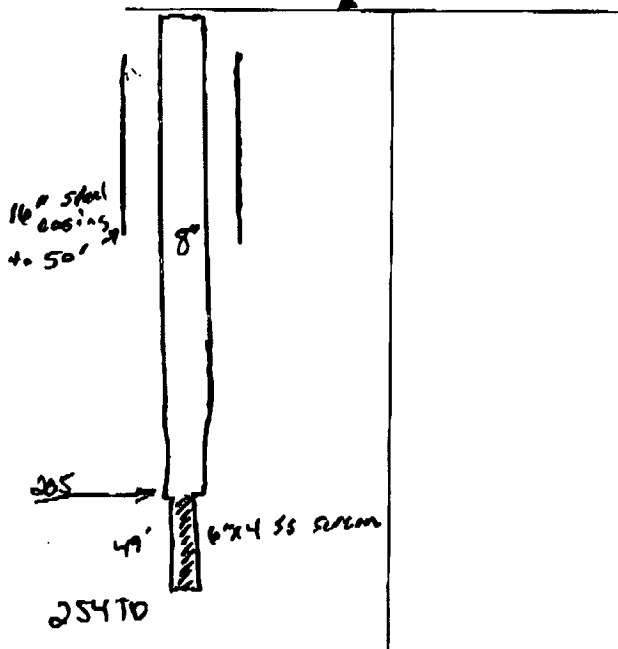
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

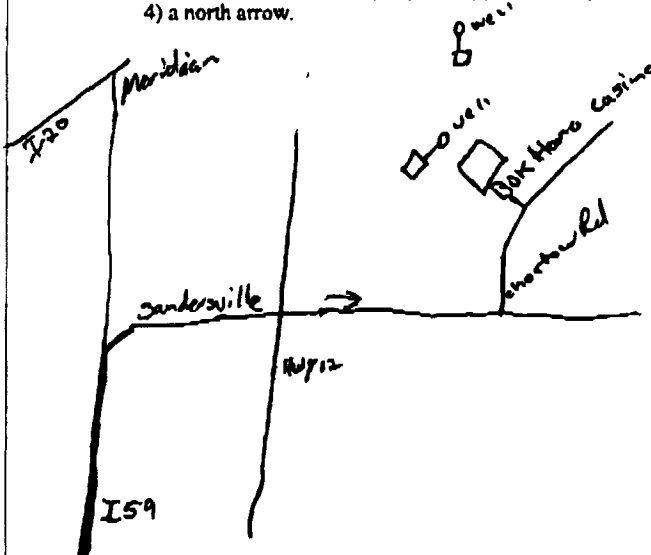


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Topsoil - sand	0	50
clay	50	120
sandy clay	120	150
sandy clay	150	185
sandy	185	195
sandy clay	195	205
sand	205	254

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: Mississippi Band of Choctaw

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.

Ryan Herndon     0-700  
 Print Name of Responsible Licensee and License No.

2-15-11  
 Date

Signature of Licensee

# 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: JONES  
 Permit #: \_\_\_\_\_  
 Driller: Donald Smith Co.  
 Date completed: 12-1-10  
*Copy information from block on Part 1.*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D201  
 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: _____	Latitude: <u>31.77184° N</u> Longitude: <u>89.01600° W</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>9N</u> R <u>10W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>E</u> of <u>Sandersville</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>7.5</u>
Date Pump Installed: <u>12-1-10</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-1-10</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>36.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>161</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N</u> feet
Drawdown [(B) - (A)]: <u>125</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>161</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Ryan Herndon      0-700  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer