

Well # 2

County: Jones
 Permit #: Exempt
 Driller: Donald Smith Co.
 Date drilling completed: 12-20-10

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 #: D202
 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.

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

Well / Borehole Data

Date drilling started: 12-1-10 Date drilling completed: 12-20-10 Hole depth: 234 Hole diameter: 15

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

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: 31.2 feet above or below (circle one) land surface Date measured: 12-20-10

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

Well depth: 234 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 185 feet Casing diameter: 8 inches Type of casing: Certalock - PVC

Screen length: 49 feet Screen diameter: 6 inches Type of screen: Stainless Steel - Muni-pack

Screen slot size: .20 inches Setting depth: From 185 feet to 234 feet

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

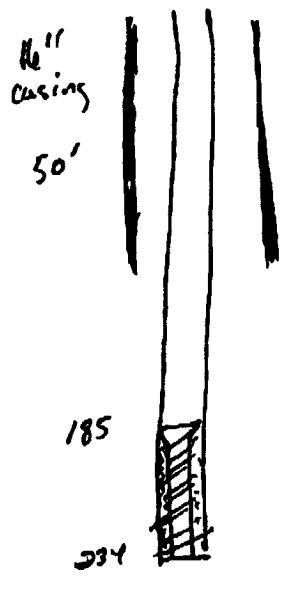
Other (describe): _____

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

The sketch below only required for water wells

If well telescopes, show depths on sketch.

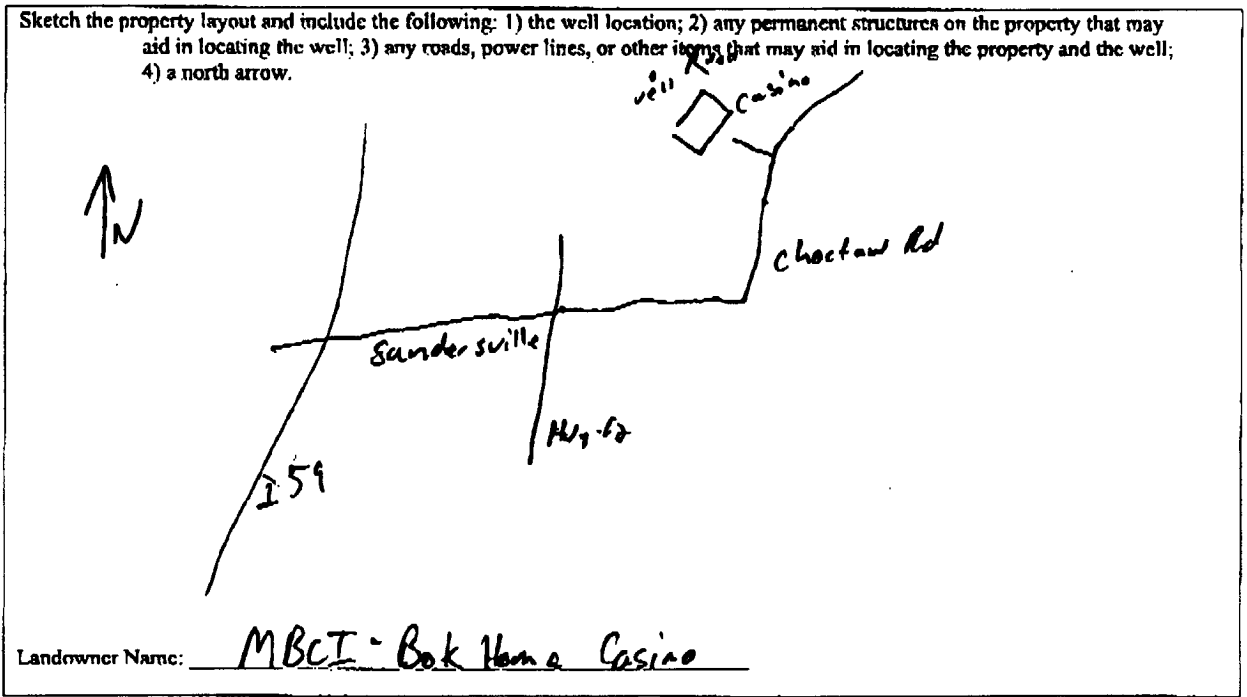
Ground Level 



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, clay	0	50
Clay	50	120
Sandy	120	150
Clay	150	185
Sand	185	234

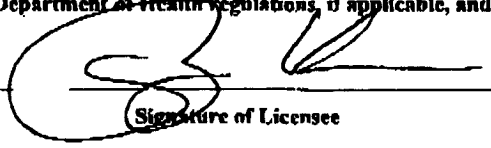
If more than one screen, show location of each on sketch



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
Print Name of Responsible Licensee and License No. Date


Signature of Licensee

Well # 2

STATE WELL REPORT

County: Jones

Permit #: _____

Driller: Donald Smith Co.

Date completed: 12-20-10

Copy information from block on Part I.

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)

For Office Use Only:

Aquifer: _____

Well #: D-203

Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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 <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>12-20-10</u>	Setting Depth: <u>168</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>12-20-10</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tap <input type="checkbox"/>
Static Water Level (A): <u>31.2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>156</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ 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>125</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]
 Signature of Pump Installer