

### 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: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 7-24-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-62  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Michael Green #2</u>	Latitude: <u>32.46.023</u> " Longitude: <u>89.21.368</u> "
Mailing Address: <u>891 Sherman Rd</u>	Method of Lat/Long (circle one): Conventional Survey <u>01</u> , <u>22</u>
<u>Carthage</u> MS <u>39021</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 34 Twp 11 N Rng 9 E</u>
Telephone No. <u>(601) 267-0294</u>	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Edinburg</u>

**Well / Borehole Data**

Date drilling started: 7-24-06 Date drilling completed: 7-24-06 Hole depth: 320' Hole diameter: 4"

Location of the source of any surface water used for drilling: Well @ office

Method of dosing and volume of Chlorine used in drilling and development: 1 lbs chlorine in wash

Logs run (circle all applicable): No logs 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: Poultry

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 7-24-06

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

Well depth: 320 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 290 feet to 320 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

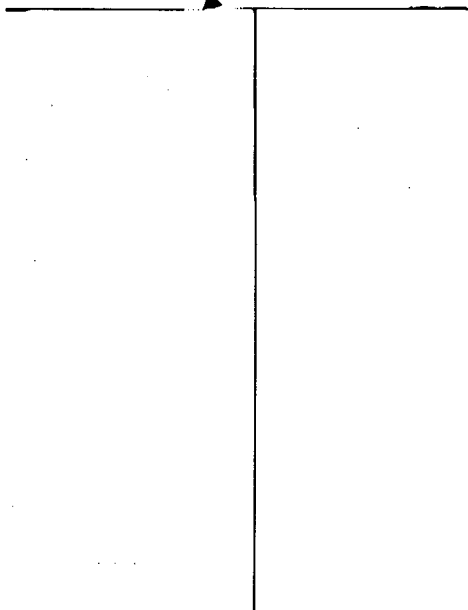
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H-62

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

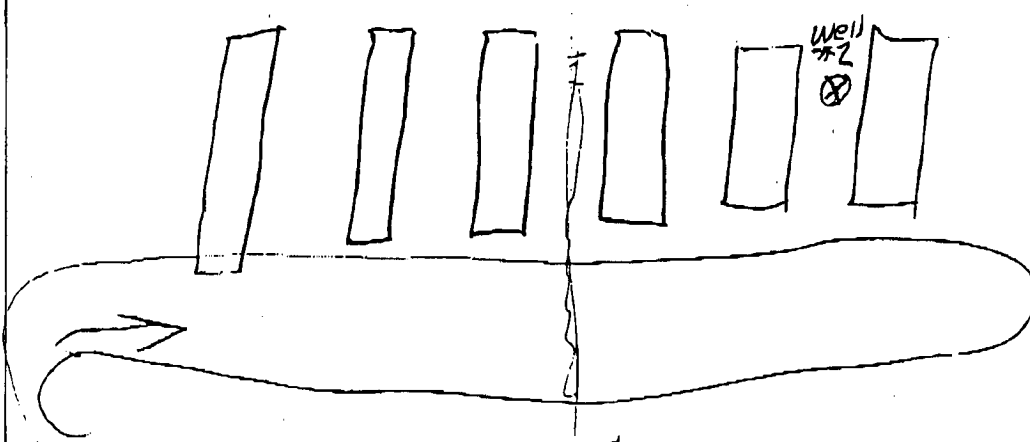


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Mixed Clay	0	20
Hard Black Dirt	20	41
Rock	41	43
Sand	43	80
Rock	80	81
sand	81	118
Clay & Hard Rock	118	168
Green Sand & Shell	168	180
Rock	180	230
Green sand & rock	230	250
Gray clay	250	265
Grey sand & clay	265	290
Lignite	290	294
Gray Sand & Clay	294	320

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: Michael Green #2

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.

David S. Thomas 0-147  
Print Name of Responsible Licensee and License No.

7-24-06  
Date

[Signature]  
Signature of Licensee

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### 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: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 7-29-06  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-62  
 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>Michael Green #2</u>	Latitude: <u>32° 46.023</u> Longitude: <u>89° 21.368</u>
Mailing Address: <u>891 Thornion Rd</u>	Method of Lat/Long (check one): Conventional Survey <u>22</u>
<u>Carthage MS 39051</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	¼ ¼ Sec <u>34</u> T <u>11N</u> R <u>9E</u>
Telephone No. <u>(601) 247-0294</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>5</u> of <u>Edinburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>7-29-06</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>17</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-29-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>~130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>~15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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]  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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