

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 10-26-12

For Office Use Only:
 Aquifer: _____
 Well #: 062
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Joseph Dunn</u>	Latitude: <u>32° 44' 6.23"</u> Longitude: <u>89° 31' 45.70"</u>
Mailing Address: <u>Pleasant Hill Road</u>	Method of Lat/Long (circle one): <u>38 14</u> Conventional Survey, <u>35 56</u>
<u>LENA</u> <u>MS</u> <u>39294</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 8 Twn 9N Rng 7E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Good Hope</u>

Well / Borehole Data

Date drilling started: 10-26-12 Date drilling completed: 10-26-12 Hole depth: 225 Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender & wash

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: 96 feet above or below (circle one) land surface Date measured: 10-26-12

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

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

Casing length: 205 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

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

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

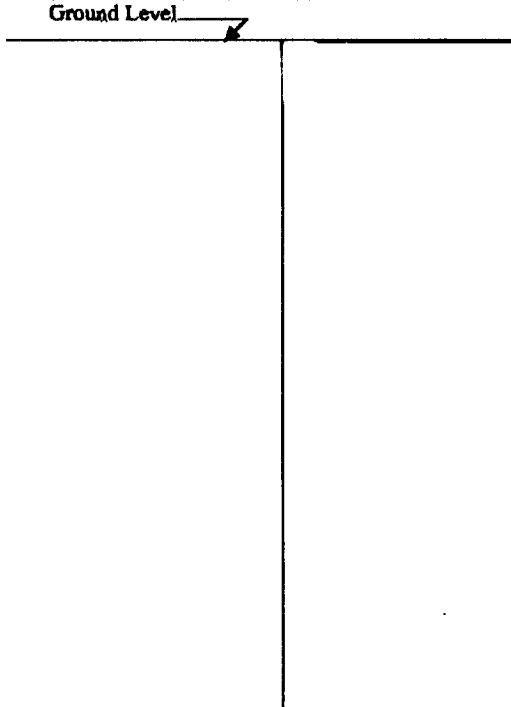
Other (describe): _____

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

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The sketch below only required for water wells

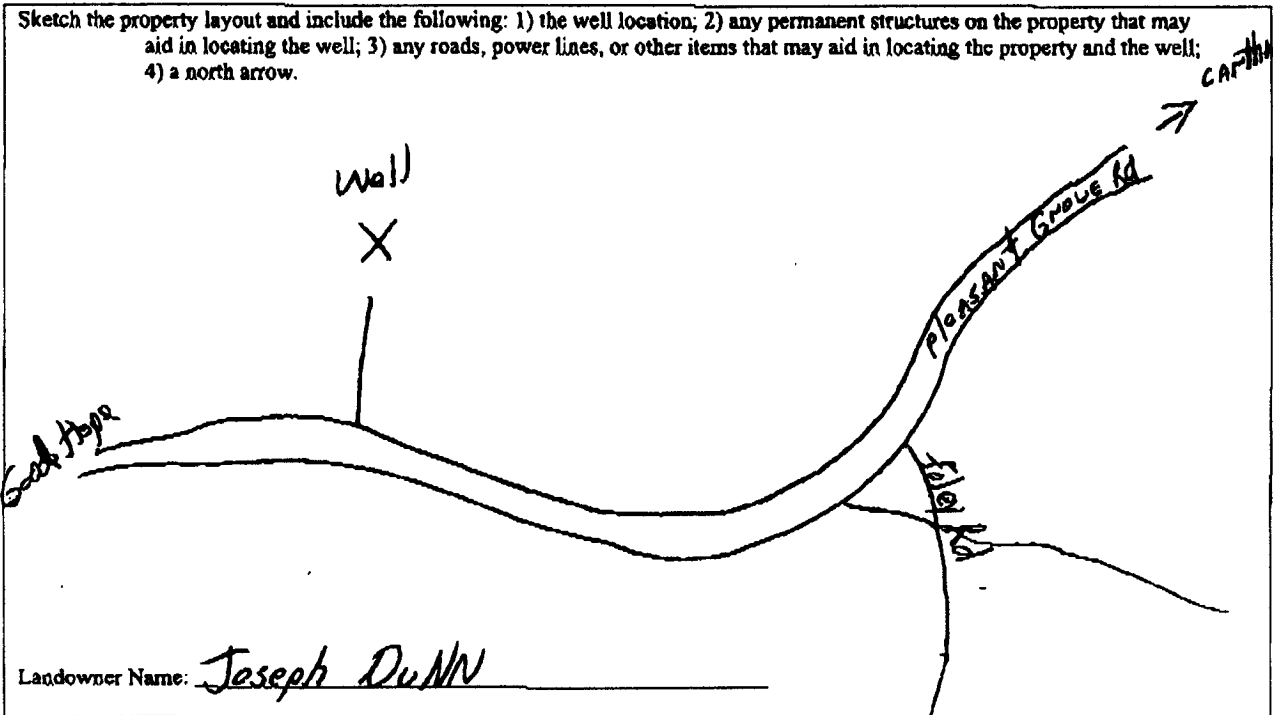
If well telescopes, show depths on sketch.



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 Dirt	0	7
Mixed Sand	7	30
Gray Clay	30	25
Clay w/ silt sand	25	70
Gray clay	90	120
Rock	120	122
Clay w sand	122	144
sand powder	144	180
fine sand	180	203
Med fine Sand (Gray)	203	243

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



Form: OLWR-SWR-1A (04/08)

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.

10-27-12
Date

[Signature]
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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 11-1-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 062
 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
 Owner Name: Joseph DUNN
 Mailing Address: Pleasant Hill Road
LENA MS 39094
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 32° 44' 6.27" Longitude: 89° 31' 45.26"
 Method of Lat/Long (check one): Conventional Survey
 Hand-held GPS Survey-grade GPS
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
SW SE 8 T 9N R 7E
 Distance _____ Miles _____ Direction _____ of _____ Nearest Town Coal Hope

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-1-12
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 14 feet
 Number of Stages: 12

Pump Test Data
 Date Well Tested: 11-1-12
 Static Water Level (A): 96 Feet Below Land Surface
 Pumping Water Level (B): 110 Feet Below Land Surface
 Drawdown [(B) - (A)]: 14 Feet Below Land Surface
 Test Pumping Rate: 20 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 1 hours

Method of Measuring Water Level
 Circle one
Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 20 GPM with a drawdown of 14 feet after 1 hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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 of Pump Installer