

County: Madison
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 12-10-14

State Well Report
Part 1 - 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)

For Office Use Only:

Aquifer: _____
 Well #: J43
 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>Silas O'Neal</u>	Latitude: <u>32° 43' 20.85"</u> Longitude: <u>89° 45' 10.9"</u>
Mailing Address: <u>111 Hickory Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pineville La 71360</u> City State Zip Code	<u>NH 1/4 NE 1/4 Sec 14 Twn 10N Rng 5E</u>
Telephone No. <u>(318) 792-4410</u>	Distance Direction Nearest Town <u>6 Miles NW of Oshburn</u>

Well / Borehole Data

Date drilling started: 12-10-14 Date drilling completed: 12-10-14 Hole depth: 125 Hole diameter: 4"

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

Method of dosing and volume of Chlorine used in drilling and development: 1000 in wash & tender

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: 50' feet above or below (circle one) land surface Date measured: 12-10-14

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 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 105 feet to 125 feet

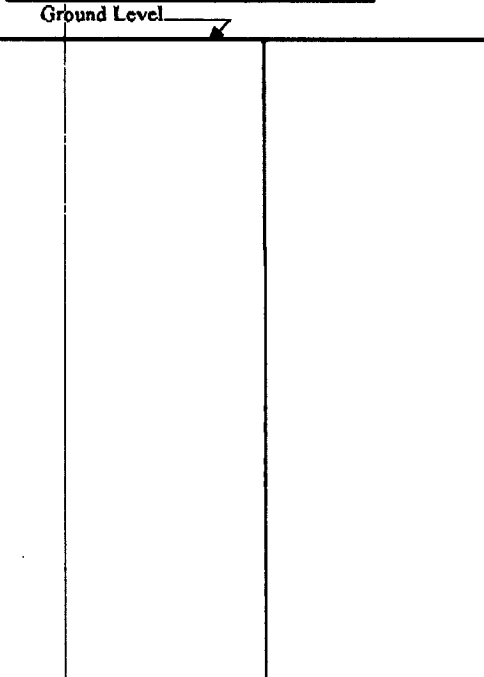
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

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

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 & Clay	0	12
Sand & Clay	12	55
White Sand	55	125


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: Silas O'Neal

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 12-11-14 
Print Name of Responsible Licensee and License No. 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 543
 Elevation: _____

County: MADISON
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 12-11-14
Copy information from block on Part 1

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>Silas Oneal</u>	Latitude: <u>32° 43' 20.85"</u> Longitude: <u>89° 45' 10.9"</u>
Mailing Address: <u>111 Hickory Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pineville</u> City <u>LA</u> State <u>71360</u> Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(318) 792-4410</u>	_____ 1/4 Sec <u>14</u> T. <u>10 N</u> R. <u>5 E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NW</u> of <u>Olahoma</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____	Diesel Engine _____
Jet: _____	Gasoline Engine _____
<u>Submersible</u>	Natural Gas _____
Bucket: _____	<u>Electric Motor</u>
Piston _____	Hand _____
Turbine _____	Tractor PTO _____
Centrifugal: _____	Windmill _____
Rotary _____	Other (specify): <u>VAN</u>
Flowing Well _____	Horse Power Rating of Motor: <u>2 HP 30</u>
Other (specify): _____	Setting Depth: <u>100</u> feet
Date Pump Installed: <u>12-11-14</u>	Number of Stages: <u>11</u>
Rated Pump Capacity: <u>30</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-11-14</u>	Air Line _____
Static Water Level (A): <u>47</u> Feet Below Land Surface	Electric Measuring Line _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	Steel Tape _____
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>40</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ 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

Form: OLWR-SWR-1C (07-09)