.ege						
]		For Office Use Only:		
County:	NESHOBA	Well Driller Report and Well Log Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	EXEMPT		d and Water Resources	Well #: 467		
			O. Box 2309	31		
Driller:	LAYNE-CENTRAL		, MS 39225-2309 01) 961-5210	L. S. Elevation:		
Date drilli	ng completed: 8/21/09	,	354-6938 (fax)	E-Log #:		
State	Law requires that this report l	」 he prepared by the lic	ense holder responsible for the	e work and filed with the		
	irtment at the above address wi	ithin 30 days of comp	letion of drilling of the well or	r borehole.		
,	Information on Well Ow (Landowner if borehole is not for a		Well or Borehole Location			
	me MISSISSIPPI BAND OF CHO		Latitude: 32 ° 42 '20 28"	Longitude: 89 ° 03 '11.56"		
		CIAW MIDIANS				
Mailing A	ddress: PO BOX 6366		Method of Lat/Long (circle one): Conventional Survey			
			USGS quad, Hand-Held	GPS, Survey-grade GPS		
	CHOCTAW	MS 39350	5E 45W4 Sec 15	Twn 1000 Rng 171		
	City	State Zip Code	Distance Distance			
Telephone	No. (601) 650.1760		Distance Direction			
	100. (001) 030.1700		4.5 Miles SE	of PHILADELPHIA		
			ehole Data			
Date drilling	ng started: 7/14/09 Date	well drilling completed:	8/21/09 Hole Depth:	974' Hole diameter:		
Location o	of the source of any surface water u	sed for drilling: NON	NE			
Method of	dosing and volume of Chlorine us	ed in drilling and develo	opment: 50 PPM WHEN UND	DERREAMING		
Logs run (circle all applicable): No log ru	ın Electric Gamma	Ray Density Sonic N	eutron Other:		
Name of or	rganization running log(s): LAY	NE CHRISTENSEN	COMPANY, PENSACOLA, FL			
Purpose of	borehole (check one): Water \	Well ✓ Geotechnic	al/Geological Investigation	Ground Source Heat Pump		
			(describe)			
			truction, skip the remainder of th	is black		
Purpose of		dustrial Public Sur				
	· ———	Valve	Other (describe)			
Static Wate			· ·	measured: 5/7/10		
Method of	Measurement (circle one)	steel tape elec	etric tape air line other			
Well depth	: 974' Well grouted to a	depth of: 860'	Type of grout (circle one): Ne	eat Cement Bentonite Mix		
Casing length: 860 feet Casing diameter: 12 inches Type of casing: STEEL						

Screen length:

Screen slot size:

feet

inches

0.020

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

Screen diameter:

Gravel Packed

Other (describe):

feet.

787

inches

From

Telescoped

Setting depth:

Underreamed

Type of screen:

Open Hole

If telescoped or more than one screen, describe on next page.

feet to

Form: OLWANA D

STAINLESS

Natural Development

920

feet

The sketch below only required for water wells.

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.</u>

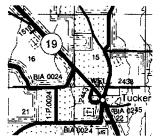
If well telescopes, show depths on sketch.

Ground Level	Description of Formations Encountered		To
	TOP SOIL	0	2
	YELLOW CLAY	2	30
	BLUE CLAY	30	113
	SANDY CLAY	113	125
	HARD SHELL (BLUE)	125	265
	SHELL/SAND STREAKS	265	375
	HARD SHELL	375	655
	SAND (SHELL STREAKS)	655	690
	SAND (MEDIUM)	690	721
	CLAY	721	730
	SAND	730	764
	HARD SHELL	764	801
	SAND	801	927
	HARD SHALE	927	935
	SAND	935	940
·	HARD SHALE & SAND STREAKS	941	971
more than one screen, show location of each on elected		<u> </u>	

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.

NORTH





NOT TO SCALE

Landowner's Name:

MISSISSIPPI BAND OF CHOCTAW INDIANS

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.

DAVE COOK

692

ue lotte

RECEIVEL

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

FEB 2 5 2011

BY: OLWR

State Well Report

		1	Part 2	For	Office Use Only:	
County:	i i					
		Mississippi Departme	ent of Environmenta	l Quality Aquifer:		
Permit #:	EXEMPI	į.	and Water Resource Box 2309			
Driller: LA	AYNE-CENTRAL	Jackson,	MS 39225-2309	Well #: _	<u>L67</u>	
Date Completed:	8/21/09		1) 961-5210 354-6938 (fax)	Elevation:		
-		(001)	(am.)			
	from block on Part 1	J	stunator or a linewood		f Don't 1 of the second	
	port must be completed by and both parts filed with th	e Department at the abov		ys of well completion.	g Part 1 of the report	
	Well Owner Informati			Well Location		
Owner Name MIS	SSISSIPPI BAND OF C	HOCTAW INDIANS	Latitude: 32° 42' 39.28" Longitude: 89° 03' 11.56"			
Mailing Address:	PO BOX 6366		Method of Lat/Long (check one): Conventional Survey			
	**************************************		USGS quad 🗸	Hand-Held GPS	Survey-grade GPS	
_	CHOCTAW	MS 39350	1/4 1/4	Sec T	R	
•	City	State Zip Code	Distance	Dimenti		
Telephone No.	(601) 650.1760		Distance 4.5 Miles	Direction	Nearest Town	
Telephone 140.	030.1700	· · · · · · · · · · · · · · · · · · ·	4.5 Miles	of	PHILADELPHIA	
	Pump Type	(1	Power Type		
	Circle One			Circle One		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):		
Other (specify):			Horse Power Rating	g of Motor:	30	
Date Pump Installe	ed: 12/14/09		Setting Depth:	200	feet	
Rated Pump Capac	ity	Gallons Per Minute	Number of Stages:	7	_	
Pump Test Data			Meti	hod of Measuring Wate Circle One	er Level	
Date Well Tested:	5/16/10		Air Line	Electric Measuring Lin	e Steel Tape	
Static Water Level	(A): <u>142</u> Fee	t Below Land Surface	Other (specify):			
Pumping Water Le	evel (B): 146 Fee	t Below Land Surface				
Drawdown [(B) - (A)]: 4 Feet Below Land Surface			For flowing well, me	easured shut in head:	feet	
Test Pumping Rate: 329		Gallons Per Minute	Well yielded	329 GPM w	ith a drawdown of	
Duration of Pump	Test (minimum 4 hours):	6.5 hours	4fee	t after 6.5	hours of pumping	
II						
I hereby certify tha	t the above statements are	true to the best of my kn	nowledge.		,	
DAVE COOK		692		Dave Corte	/ DENERMA	
Print Name of Pur	mp Installer and License N	No. (if applicable)		Signature of Pump I	nstaller The Live	