

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 #: N-95
L. S. Elevation: _____
E-log #: _____

County: Neshoba

Permit #: _____

Driller: Thomas Drilling

Date drilling completed: 4-14-09

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>Richard Graham</u>	Latitude: <u>32° 35' 55"</u> Longitude: <u>89° 17' 50"</u> <u>34 SE</u> Method of Lat/Long (circle one): Conventional Survey, <u>09</u>
Mailing Address: <u>Hwy 21</u> <u>11310 Hwy 21 South</u> <u>Sebastopol MS 39365</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 32 Twn 9N Rng 10E</u>
Telephone No. <u>(601) 656-6571</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Sebastopol</u>

Well / Borehole Data

Date drilling started: 4-14-09 Date drilling completed: 4-14-09 Hole depth: 170 Hole diameter: 2"

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: 1 lb. water / 1 lb. in well

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: Poultry

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 4-14-09

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 0 feet Screen diameter: 2 inches Type of screen: N/A

Screen slot size: 0 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*

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

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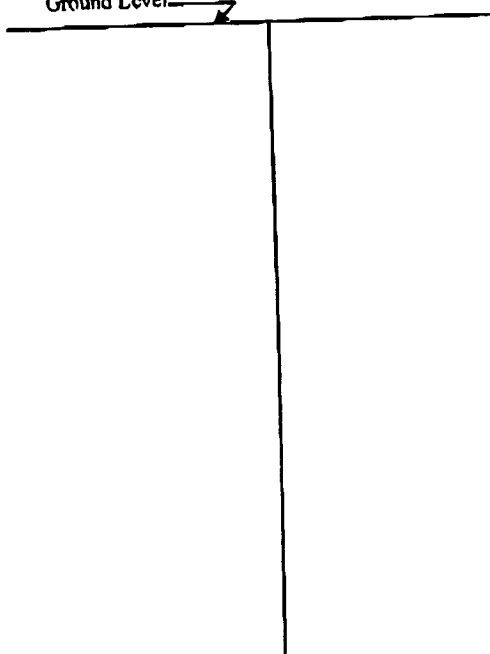
MAY 13 2009

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N-45

The sketch below only required for water wells

If well telescopes, show depths on sketch
 Ground Level →

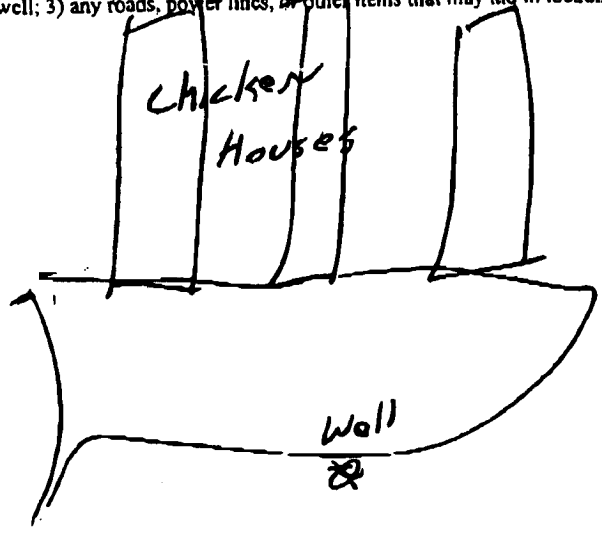


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sandy Clay	0	11
Mixed Clay	11	54
Rock	54	58
Gray Clay	58	130
Shell	130	131
Green sand	131	170

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: Richard Graham

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 0147 4-15-09
 Print Name of Responsible Licensee and License No. 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Marshall
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 4-15-09
Copy information from block on Part 1.

For Office Use Only:

Aquifer: _____
 Well #: N-95
 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>Richard Graham</u>	Latitude: <u>32° 35.359</u> Longitude: <u>89° 17.504</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>32</u> T <u>9N</u> R <u>10E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NE</u> of <u>Sebastopol</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-15-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-15-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-147 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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