

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
(801)961-5210
(801)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: N 46
L. S. Elevation: _____
E-log #: _____

County: Neshoba
Permit #: _____
Driller: Thomas Drilling
Date drilling completed: 1-14-15

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Terry Le #1</u> Mailing Address: <u>1097 Road 109</u> City: <u>Union</u> State: <u>MS</u> Zip Code: <u>39365</u> Telephone No.: <u>(702) 380-1936</u>	Latitude: <u>32° 26' 5.23"</u> Longitude: <u>87° 14' 18.36"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4</u> Sec <u>26</u> Twn <u>9N</u> Rng <u>10E</u> Distance: <u>6</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Substapal</u>
Well / Borehole Data	
Date drilling started: <u>1-14-15</u> Date drilling completed: <u>1-14-15</u> Hole depth: <u>240</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>N/A</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Poultry</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-14-15</u> Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____ Well depth: <u>240</u> Well grouted to a depth of <u>10+</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>2.15</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PUC</u> Screen length: <u>2.5</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PUC</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>2.15</u> feet to <u>2.40</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

FEB 12 2015

N46

The sketch below only required for water wells

If well telescopes, show depths on sketch.

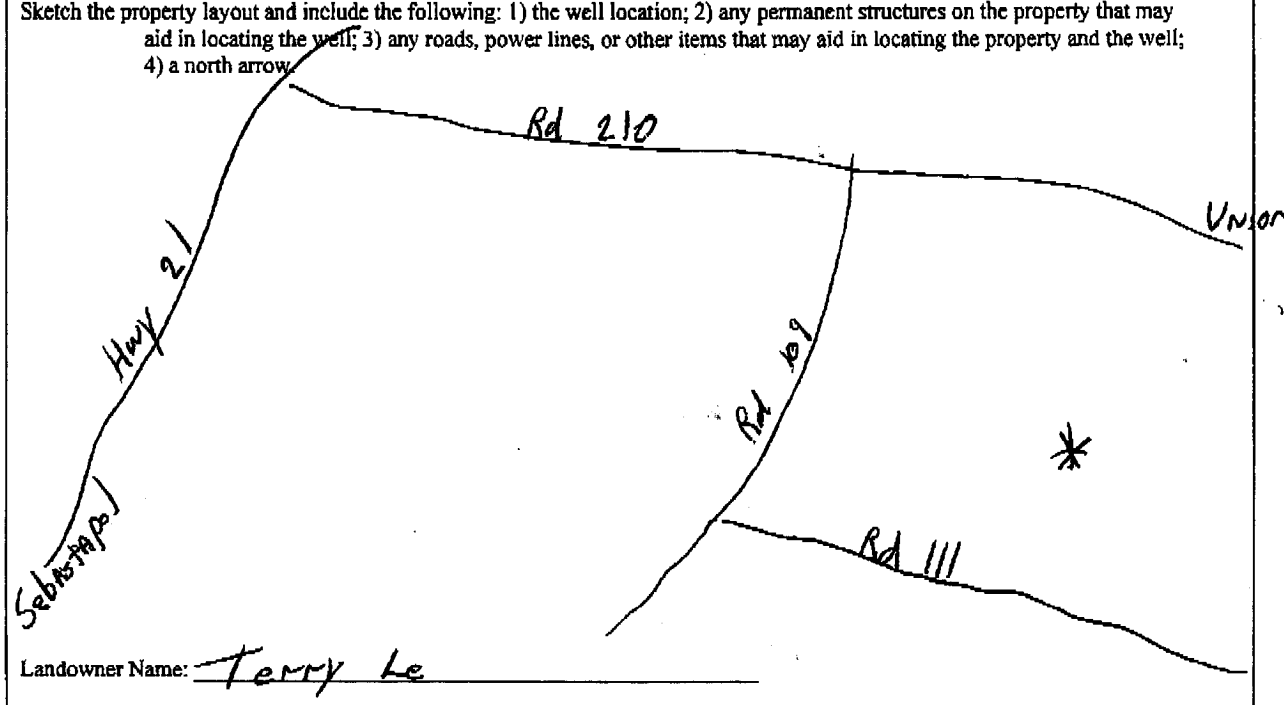
Ground Level _____

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red SAND & DIRT	0	20
White SAND	20	85
SAND & CLAY	85	115
Rock	115	122
Gray Clay	122	180
Rock	180	185
Green SAND & Clay	185	200
Gray SAND	200	220
lt Gray SAND	220	240

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



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.

Print Name of Responsible Licensee and License No. David S. Thomas 0-149 Date 1-14-15

Signature of Licensee [Signature]

Stamp: FEB 12 2015

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: Neshoba
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 2-10-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N46
 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>Terry Le #1</u>	Latitude: <u>32°36'52.3"</u> Longitude: <u>89°14'18.36"</u>
Mailing Address: <u>10970 Road 109</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>25</u> T <u>9N</u> R <u>10E</u>
<u>Union</u> <u>MS</u> <u>39365</u> City State Zip Code	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>NE</u> of <u>Sebastopol</u>
Telephone No. <u>(770) 380-1936</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP 3Ø</u>
Date Pump Installed: <u>2-10-16</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-10-16</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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 of Pump Installer