

County: Neshoba
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 1-18-16

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2308
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N 47
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Terry Le # 2</u>	Latitude: <u>32° 36' 5.6"</u> Longitude: <u>89° 14' 15.8"</u>
Mailing Address: <u>1097 Road 109</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Union MS 39365</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 26 Twn 9N Rng 10E</u>
Telephone No. <u>(702) 380-1936</u>	Distance Direction Nearest Town <u>6 Miles NE of Sebastopol</u>

Well / Borehole Data

Date drilling started: 1-18-16 Date drilling completed: 1-18-16 Hole depth: 240 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: N/A
1 lbs IN wash to 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: Poultry

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 1-18-16

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

Well depth: 240 Well grouted to a depth of 10+ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 215 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 215 feet to 240 feet

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

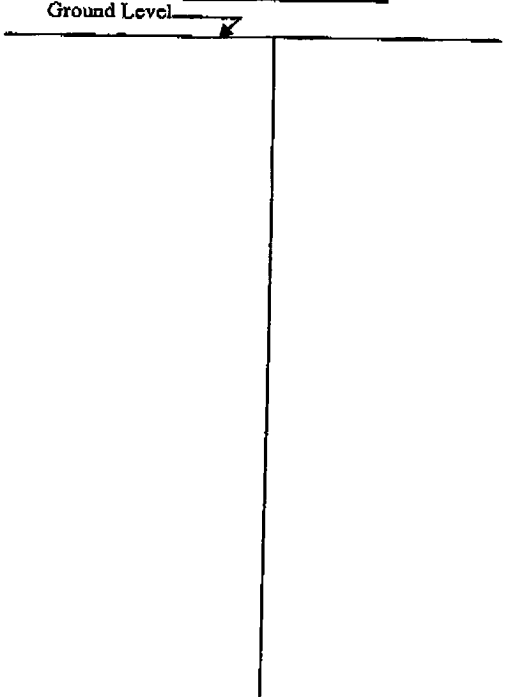
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

N47

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

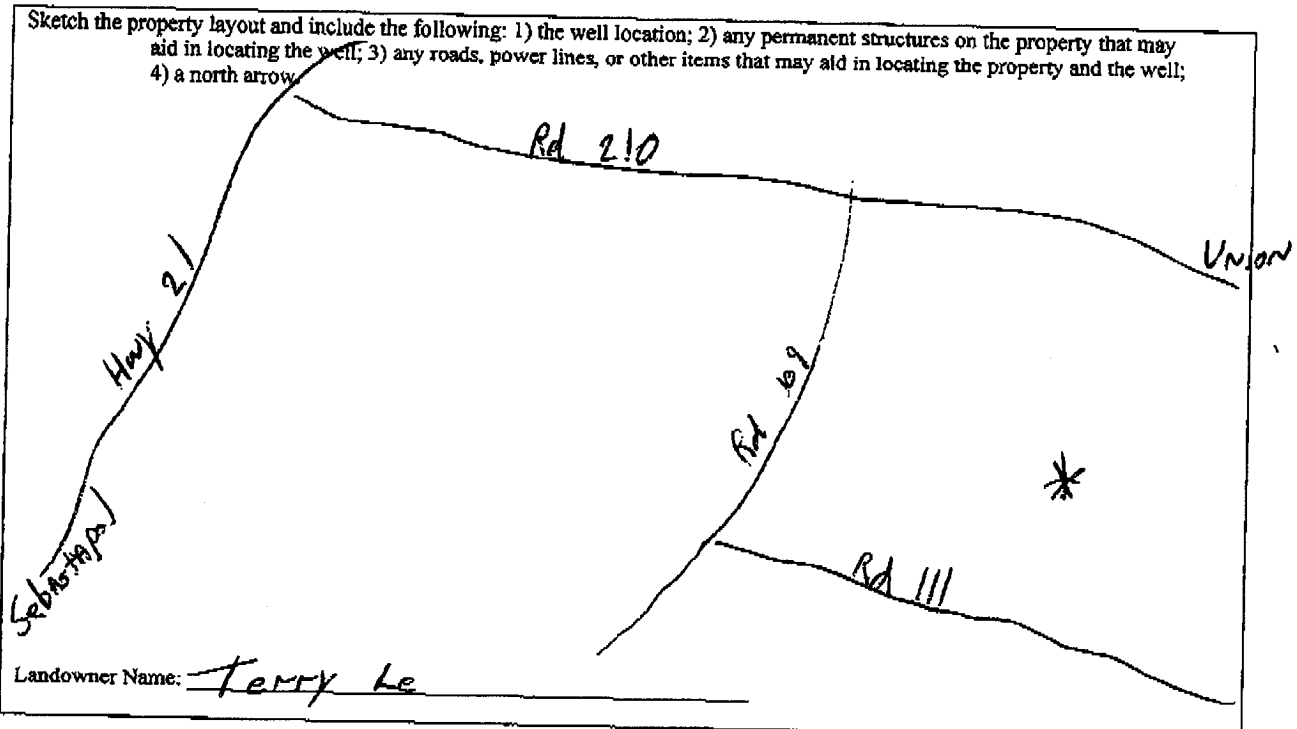


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red SAND & DIRT	0	20
White SAND	20	25
SAND & CLAY	25	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.

David S. Thomas 0-147 1-18-16
 Print Name of Responsible Licensee and License No. 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: Neshoba
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 2-10-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N47
 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 #2</u>	Latitude: <u>32° 36' 58"</u> Longitude: <u>89° 14' 15.26"</u>
Mailing Address: <u>10970 Road 109</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Union</u> <u>MS</u> <u>39365</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>9N</u> R <u>10E</u>
Telephone No. <u>(770) 380-1936</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>NE</u> of <u>Sebastopol</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u> 30
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 Electric Measuring Line Steel Tape
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]
 Signature of Pump Installer

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