

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)

County: Winston
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 10-29-10

For Office Use Only:
 Aquifer: K 34
 Well #: _____
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Allen Young</u> Mailing Address: <u>3551 Young Crossing</u> <u>Louisville MS 39339</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N 33° 01.50'</u> Longitude: <u>W 89° 05.43'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 32 Twn 14N Rng 12E</u> Distance Direction Nearest Town <u>2 Miles North of Napaoka</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>10-29-10</u> Date drilling completed: <u>10-29-10</u> Hole depth: <u>240</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>Thomas Drilling</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 lb per 2,000 gallons</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>Poultry</u> If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: <u>10-29-10</u> Method of Measurement (circle one) steel tape electric tape <input checked="" type="checkbox"/> air line other: _____ Well depth: <u>340</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Best Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>310</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>310</u> feet to <u>340</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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></p>	

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: Winston
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 11-10-10
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Allen Young</u>	Latitude: <u>N 33° 01.890</u> Longitude: <u>W 89° 05.439</u>
Mailing Address: <u>3551 Young Crossing</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Louisville</u> <u>MS</u> <u>39339</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> T <u>14N</u> R <u>12E</u>
Telephone No. () _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Norwata</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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>3HP 30 VAR</u>
Date Pump Installed: <u>11-10-10</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>11-10-10</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</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	

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 0-149
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer