

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: 5-14-12

For Office Use Only:
 Aquifer: _____
 Well #: M18
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>William McKinley</u> Mailing Address: <u>233 Puckett Rd</u> <u>Louisville MS 39339</u> City State Zip Code Telephone No. <u>(662) 803-0878</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33.096790</u> Longitude: <u>88.887423</u> Method of Lat/Long (circle one): <u>05 45 52 44</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>4</u> Twn <u>14N</u> Rng <u>14E</u> Distance Direction Nearest Town <u>7.5</u> Miles <u>E</u> of <u>Louisville</u></p>
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Well / Borehole Data

Date drilling started: 5-14-12 Date drilling completed: 5-14-12 Hole depth: 95' Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling
 Method of dosing and volume of Chlorine used in drilling and development: lbs in tender & wash

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: FARM ANIMALS

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 5-14-12

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

Well depth: 95 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC SAWED SLOT

Screen slot size: .010 inches Setting depth: From 75 feet to 95 feet

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

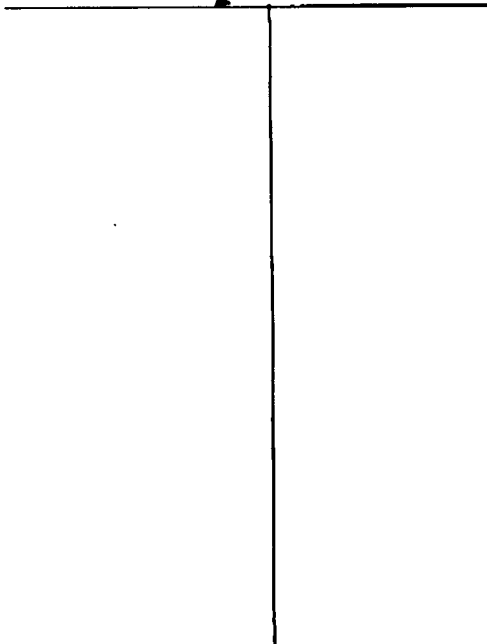
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

M18

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

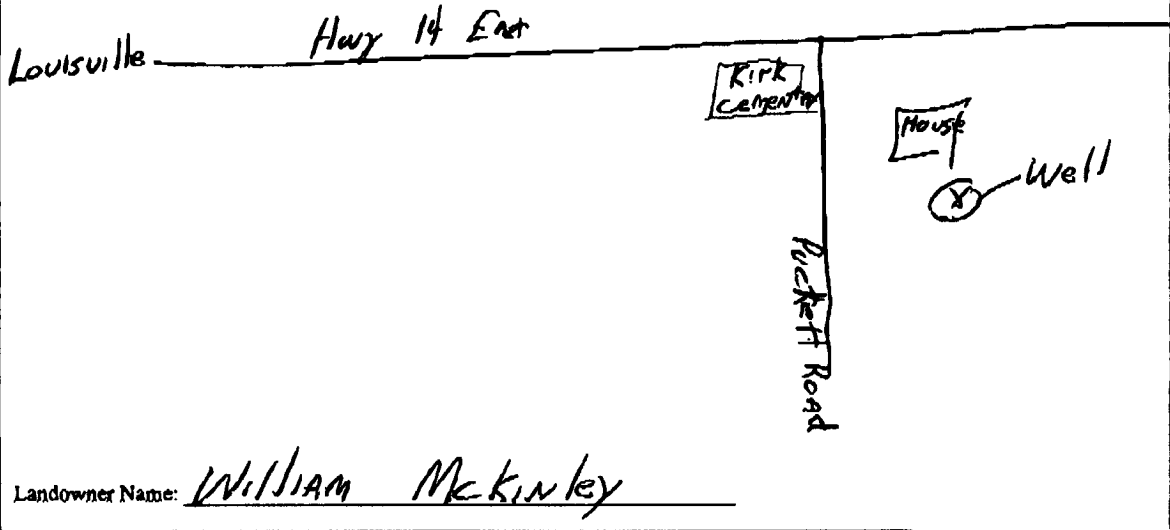


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)		To (depth)	
	Ground Level			
Red Dirt	0	25		
Yellow SAND	25	60		
SAND	60	95		

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 0-149 5-14-12
Print Name of Responsible Licensee and License No. Date

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: Winston
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 5-14-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M18
 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>William McKinley</u>	Latitude: <u>33.096780</u> Longitude: <u>-88.887423</u>
Mailing Address: <u>233 Puckett Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Louisville MS 39339</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 4 T 14N R 14E</u>
Telephone No. <u>(662) 803-0878</u>	Distance <u>8.5</u> Miles Direction <u>E</u> of Nearest Town <u>Louisville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <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 1/2 Hp 30 VAR</u>
Date Pump Installed: <u>5-14-12</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-14-12</u>	Circle one
Static Water Level (A): <u>68</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>32</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</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 0-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer