

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: 2-12-11

For Office Use Only:

Aquifer: R-15
 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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Allen Hally - (3)</u>	Latitude: <u>32° 57.018'</u> Longitude: <u>88° 50.037'</u>
Mailing Address: <u>C. McDonald Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louisville MS 39339</u> City State Zip Code	<u>N 1/4 NE 1/4 Sec 26 Twn 13N Rng 4E</u>
Telephone No. <u>(662) 803-7971</u>	Distance Direction Nearest Town <u>2 Miles SE of Hank</u>

Well / Borehole Data

Date drilling started: 2-12-11 Date drilling completed: 2-12-11 Hole depth: 190 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: Libs intender

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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: 120 feet above or below (circle one) land surface Date measured: 2-12-11

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 160 feet to 190 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)

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: 8-2-11
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 Haley (S)</u> Mailing Address: <u>C. Mc Donald Rd</u> <u>Louisville MS 39337</u> <small>City State Zip Code</small> Telephone No. <u>(662) 803-9971</u>	Latitude: <u>32° 57.018</u> Longitude: <u>88° 50.037</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>26</u> T <u>13N</u> R <u>4E</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SE</u> of <u>Handle</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-2-11</u> Rated Pump Capacity: <u>80</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2 HP 3P VARI</u> Setting Depth: <u>160</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8-2-11</u> Static Water Level (A): <u>120</u> Feet Below Land Surface Pumping Water Level (B): <u>124</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>25</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>1</u> hours	Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Form: OLWR-SWR-1C (07-09)