

County: Amite
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 6-15-06

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D-89
 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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Robert Lanham</u> Mailing Address: <u>6859 Thompson Rd</u> <u>Smithdale MS 39664</u> City State Zip Code Telephone No. (): _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: " " Longitude: " "</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>1/4 1/4 Sec <u>35</u> Twn <u>4 N</u> Rng <u>5 E</u></p> <p>Distance Direction Nearest Town Miles of</p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>6-15</u> Date drilling completed: <u>6-15</u> Hole depth: <u>220</u> Hole diameter: <u>7 7/8</u></p> <p>Location of the source of any surface water used for drilling: <u>creek</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal to every 1000 gal</u></p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____</p> <p align="center">Seismic Survey _____ Other (describe) _____</p> <p align="center"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ (Other (describe) _____)</p> <p>Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: <u>6-16</u></p> <p>Method of Measurement (circle one) <u>steel tape</u> electric tape air line other _____</p> <p>Well depth: <u>210</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix</p> <p>Casing length: <u>190</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>010</u> inches Setting depth: From <u>190</u> feet to <u>210</u> feet</p> <p>Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u></p> <p align="center">Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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D-89

If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From
CLAY	0 70
GRAVEL	70 90
CLAY	90 190
SAND	190 210
CLAY	210 220

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) indicate direction

Landowner Name: Robert Lanham

Ray Ely
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Amite
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 6-15-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-89
 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>Robert LANHAM</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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</u>
Date Pump Installed: <u>6-16-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-16</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

LARRY EASLEY 510 Larry Easley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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