

FROM : LARRY EASLEY

FAX NO. : 7018331160

Sep. 22 2008 01:43PM P1

Jun 02 2008 3:24PM

MDEQ LAND & WATER

GG1 360-0535

P. 2

County: Amite
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 8-22-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39205
 (601)961-5210
 (601)360-4525 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: M-86
 I. 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	Well or Borehole Location
Owner Name: <u>Patricia RAPE</u> Mailing Address: <u>3241 Enterprise RD</u> <u>Liberty MS 39445</u> City: _____ State: _____ Zip Code: _____ Telephone No.: _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec <u>14</u> Twp <u>2N</u> Rng <u>3E</u> Distance: _____ Direction: _____ Nearest Town: _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 8-21 Date drilling completed: 8-22 Hole depth: 220' Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: Well
 Method of casing and volume of Chlorine used in drilling and development: 1 gallon for every 3000 gal

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, file the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 200' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite: Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 08 inches Setting depth: From 180 feet to 200 feet

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

Top of tap pipe or reduction in casing: _____ feet *If taps used or more than one screen, describe on next page*

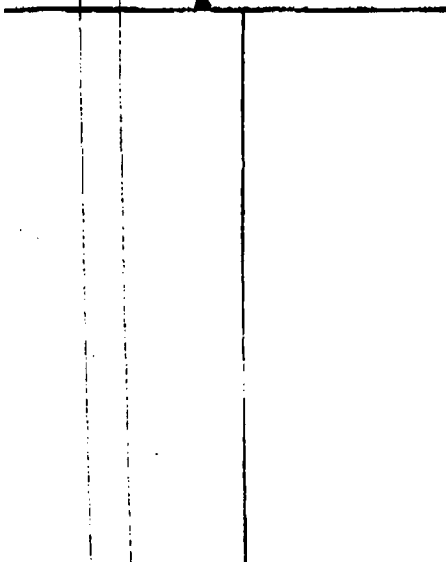
Form: OLWR-SWR-1A

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M-86

The sketch below only required for water wells.

If well placement show depths on sketch
Ground Level _____



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

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	20
GRAVEL	20	70
CLAY	70	160
SAND	160	200

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.

Landowner Name: PATRICIA RAPE

Form: OLWR-SWR-1A

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.

LARRY EASTLEY 0-510 8-22-08 Larry Eastley
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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

County: Amite
 Permit #: _____
 Installer: LARRY EASLEY
 Date completed: _____
 Copy information from Part 1

For Office Use Only:
 Acquirer: _____
 Well #: M-86
 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>Patricia Rade</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>3241 Enterprise RD</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Liberty, MS 39445</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 Sec <u>14</u> T <u>2N</u> R <u>3E</u>		
Telephone No. (____)	Distance _____	Direction: _____	Nearest Town: _____
	<u>5</u> Miles <u>South</u> of <u>Liberty</u>		

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: _____			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: _____	Static Water Level (A): <u>85</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Drawdown (B) - (A): <u>15</u> Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: <u>12</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Other (specify): _____	
		For flowing well, measured shut in head: _____ feet	
		Well yielded <u>12</u> GPM with a drawdown of <u>15</u> feet after <u>4</u> hours of pumping	

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

LARRY EASLEY 0-510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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