

County: Boston  
 Permit #: 0-162  
 Driller: Loring Caspate  
 Date drilling completed: 8-2-07

**State Well Report**  
**Part 1 - 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)354-6235 (Fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-42  
 L.S. Number: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Stowers Cotuit</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>700 Sims Chapel Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Michigan City</u> <u>Ms</u> <u>38647</u> City State Zip Code	<u>1/4</u> <u>22</u> <u>15</u> <u>1W</u> Section Township Range
Telephone No. <u>901 490-2284</u>	Distance <u>3</u> miles <u>West</u> of <u>Michigan City</u> Direction Nearest Town
Well / Borehole Data	
Date drilling started: <u>8-2-07</u> Date drilling completed: <u>8-2-07</u> Hole depth: <u>130'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____	
Method of testing and volume of chemicals used in drilling and development: <u>Well Water</u> <u>1/2 lb. Chlorine to 1000 Gallons Water</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running logs: _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Scientific Survey _____ Other (describe) _____	
If driller is not related to owner, well construction, state the relationship of this block: _____	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above of below (circle one) land surface Date measured: <u>8-2-07</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>130'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Best Cement</u> Bestcrete Mix	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.015</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underdrilled 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	



# 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)354-6305 (fax)

County: Benton  
 Permit: 0-162  
 Installer: Larry Carpenter  
 Date completed: 8-2-07  
 (See information from block on Part 1)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-42  
 Elevator: \_\_\_\_\_

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 of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Stover Potest</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>700 Sims Chapel Rd.</u>	Method of Location (check one): Conventional Survey _____
<u>Michigan City, Ms 38647</u>	UBGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ N _____ S _____ T _____ R _____
Telephone No. <u>(901) 490-2284</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3 miles West of Michigan City</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	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 checked="" type="checkbox"/> Electric Motor: <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Overhaul: <input type="checkbox"/> Rotary <input type="checkbox"/> Hoisting Well	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Base Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-2-07</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-07</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <input checked="" type="checkbox"/> Staff Tube
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>73</u> Feet Below Land Surface	For flowing well, measured static in hole: _____ feet
Drawdown (B)-(A): <u>3</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>3</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 CARPENTER 0-162 Larry Carpenter  
 Print Name of Pump Installer and License No. (If available) Signature of Pump Installer  
 Form OLW-500-2B