

State Well Report

Part 1

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 #: E-93
L. S. Elevation: _____
E-log #: _____

County: Boston 009
Permit #: 0-162
Driller: Larry Carpenter
Date drilling completed: 2-22-05

Carpenter Well Company

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Sparks Farming</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 437</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lamar</u> <u>Ms.</u> <u>38642</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>25</u> Rng <u>1E</u>
Telephone No. <u>(662) 252-4950</u>	Distance <u>6</u> Miles <u>North</u> Direction of <u>Ashland</u> Nearest Town

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Shop</u>	
Date well drilling started: <u>2-22-05</u>	Date well drilling completed: <u>2-22-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>75</u> feet above or below (circle one) land surface	Date measured: <u>2-22-05</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>130 Ft.</u>	Well depth: <u>130 Ft.</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <u>Cement</u> Bentonite 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>.013</u> inches	Setting depth: From <u>120</u> feet to <u>130</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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 back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

LARRY CARPENTER 0-162

Print Name of Water Well Contractor and License No.

Larry Carpenter

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)

For Office Use Only:

Aquifer: _____

Well #: E-93

Elevation: _____

County: Bart
Permit #: 0-162
Driller: Larry Carpenter
Date completed: 2-22-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Sparks Farming
Mailing Address: P.O. Box 437
Lamar Ms. 38642
City State Zip Code
Telephone No. (662) 252-4950

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 9 Twn 25 Rng 1E
Distance Direction Nearest Town
6 Miles North of Ashland

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 2-22-05
Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3/4
Setting Depth: 100 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 2-22-05
Static Water Level (A): 75 Feet Below Land Surface
Pumping Water Level (B): 81 Feet Below Land Surface
Drawdown [(B) - (A)]: 6 Feet Below Land Surface
Test Pumping Rate: 16 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 16 GPM with a drawdown of
6 feet after 4 hours of pumping

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

LARRY CARPENTER 0-162
Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter
Signature of Pump Installer

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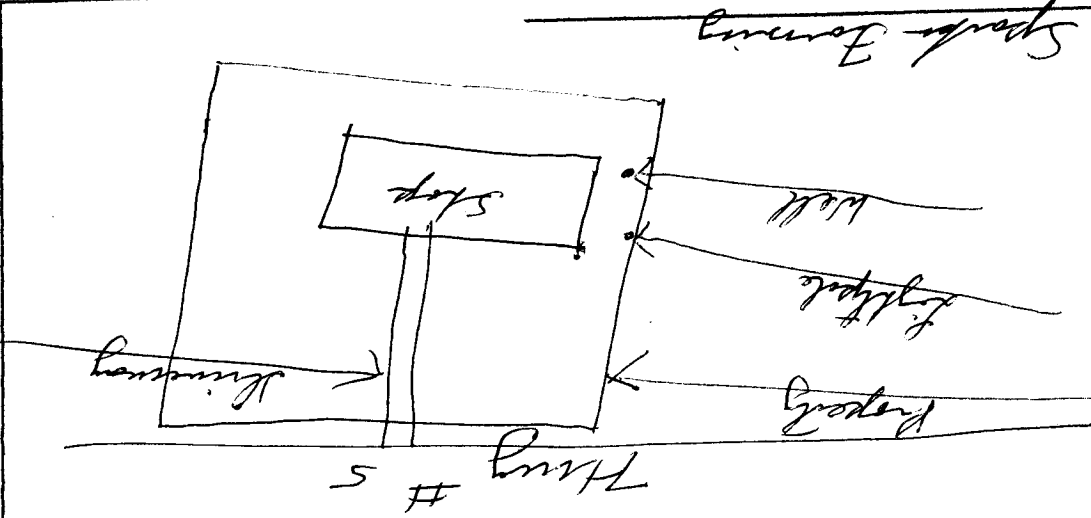
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Signature of Water Well Contractor

James Conner

Landowner Name:

Sparks Farming



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.

If more than one screen, show location of each on sketch

Description of Formations Encountered		From	To
Surf to	0	19	
Thick White Sand	19	40	
White clay	40	55	
Thick White Sand	55	85	
White clay	85	110	
White Cement Sand	110	130	

Ground Level

E-93