

County: Barton
 Permit #: 0-162
 Driller: Leroy Carpenter
 Date drilling completed: 7-31-07

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 39209-0631
 (601)961-5210
 (601)354-6235 (Fax)

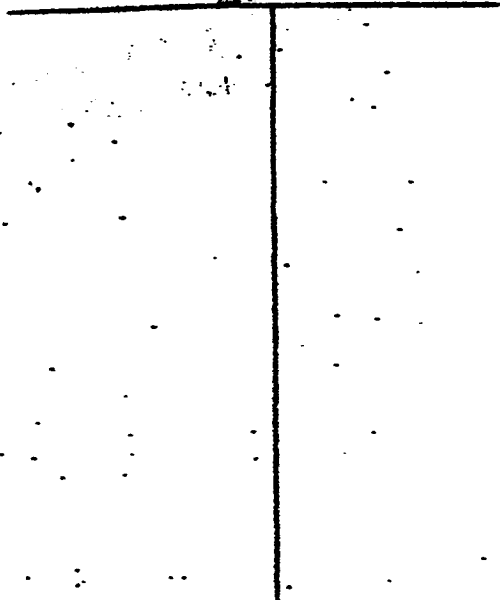
For Office Use Only:
 Aquifer: _____
 Well #: G-39
 L.S. Number: _____
 E-log #: _____

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.

<p align="center">Information on Well Owner <small>(Landowner if borehole is not for a water well)</small></p> <p>Owner Name: <u>Birsha Emmons</u> Mailing Address: <u>3012 Hoover Rd.</u> <u>Holly Springs Ms 38635</u> <small>City State Zip Code</small> Telephone No.: <u>701-853-6244</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS grid, Hand-held GPS, Survey-grade GPS N _____ S _____ E _____ W _____ Distance Direction Nearest Town <u>2 miles NW of Snow Lake Shore</u></p>
Well / Borehole Data	
Date drilling started: <u>7-31-07</u> Date drilling completed: <u>7-31-07</u> Hole depth: <u>210'</u> Hole diameter: <u>8"</u> Location of the source of any surface water used for drilling: <u>Well Water</u> Method of casing and volume of Chemical used in drilling and development: <u>1/2 gal Chlorine to 1000 Gall Water</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific Survey _____ Other (describe) _____ If drilling is not related to water well construction, state the purpose of this borehole: _____ Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Dr. Stone</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>170</u> feet above or below (circle one) land surface Date measured: <u>7-31-07</u> Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>210'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Hot Cement</u> Bentonite Mic. Casing length: <u>200</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>200</u> feet to <u>210</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underdrilled Telescoped Open hole Natural Development Other (describe): _____ Top of top pipe or reduction in casing: _____ feet If increased or more than one screen, describe any sand rates	

The sketch below only intended for water wells.

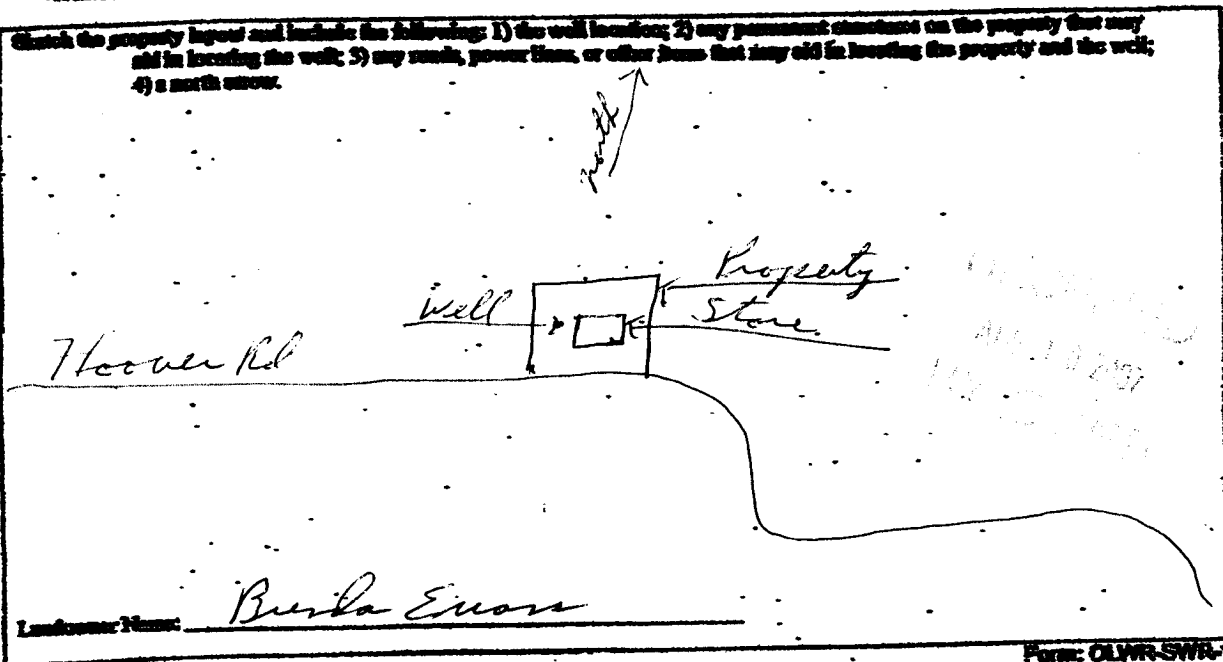
If well is shown, show depth on sketch:
Ground Level _____



Description of formation encountered must be provided for all wells and depths, unless specifically excluded by regulations.

Depth (feet) of Formation Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	22
Med. Red Soil	22	48
Med White Soil	48	110
White clay	110	135
Fine White Soil	135	180
White Coarse Soil	180	210

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



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.

Print Name of Responsible Licensee and License No. LARRY CARPENTER 6-162 Date 8-6-07

Signature of Licensee Larry Carpenter

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)934-6335 (fax)

County: Benton
 Permit: 0-162
 Installer: Larry Carpenter
 Date completed: 7-31-07
 (See instructions form back on Part 1)

For Office Use Only:
 Agency: _____
 Well #: G-34
 Division: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 2 of the report must be attached and left with the Department of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Birsha Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3012 Hoover Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hilly Springs Ms 38635</u>	UBGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ N _____ S _____ E _____ W
Telephone No. <u>(901) 853-6244</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2 miles NW of Snow Lake Shore</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Overhead: <input type="checkbox"/> Rotary <input type="checkbox"/> Hoisting Well	Windmill: _____ Other (specify): _____
Other (specify): _____	Exact Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-31-07</u>	Setting Depth: <u>190</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>7-31-07</u>	Air Line: _____ Electric Measuring Line: _____ <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>170</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>175</u> Feet Below Land Surface	For flowing well, measured static in feet: _____ feet
Drawdown (B)-(A): <u>5</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>5</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 OLWR-600-10