

County: Benton
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 8-6-07

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 39208-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G-35
 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>Deeje Woodson</u> Mailing Address: <u>1714 Hwy 7 north</u> <u>Holly Springs Ms 38635</u> City State Zip Code Telephone No. <u>(662) 252-5965</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey, UNGS grid, Hand-held GPS, Survey-grade GPS N _____ S _____ E _____ W _____ Distance Direction Nearest Town <u>1 mile South of Snow Lake Shore</u>

Well / Borehole Data

Date drilling started: 8-6-07 Date drilling completed: 8-6-07 Hole depth: 160' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of drilling and volume of Chlorine used in drilling and development: Well 1/2 lb Chlorine to 1000 gal water

Logs run (check 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 drilled it was related to water well construction, state the number of this block _____

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

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

Static Water Level: 110' feet above or below (circle one) land surface Date measured: 8-6-07

Method of measurement (circle one): level type electric type air line other: _____

Well depth: 160' Well grouted to a depth of 10' feet Type of grout (circle one): Mortar Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 150' feet to 160' feet

Type of completion (check all applicable): Gravel packed Underdrilled Teleported Open hole Natural Development
 Other (describe): _____

Top of log pipe or reduction in casing: _____ feet If fractured or more than one screen, describe on next page

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Michigan Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031
 Jackson, MI 49208-0031
 (517) 241-3210
 (517) 241-6336 (fax)

County: Berkeley
 Permit #: 0-162
 Installer: Larry Carpenter
 Date completed: 8-6-07
 Cross Reference Form Number on Part 1

For Office Use Only

Agile: _____
 Well #: G-35
 Meter: _____

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 both parts filed with the Department of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bojze Woodson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1714 Hwy 7 North</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hilly Springs</u> <u>MI</u> <u>38635</u>	UDGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ N _____ E Sec <u>14</u> T <u>35</u> R <u>1W</u>
Telephone No. <u>(662) 252-5965</u>	Distance Direction Nearest Town
	<u>1</u> Mile <u>South</u> of <u>Snow Lake Shores</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Direct Engine <input type="checkbox"/> Generator Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Hoisting Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-6-07</u>	Setting Depth: <u>130</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>8-6-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</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 shutdown 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 0162 Larry Carpenter
 Print Name of Pump Installer and License No. (if available) Signature of Pump Installer

Form OLWR-2007-12