

County: Copiah
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 11-2-06

State Well Report
Part I - 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)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-27
 L. 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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|---|
| Owner Name: <u>Dan Muirhead</u> | Latitude: " " Longitude: " " |
| Mailing Address: <u>8138 Jack Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Utica</u> <u>MS</u> <u>39175</u> | USGS quad, Hand-held GPS, Survey-grade GPS <u>3W</u> |
| City State Zip Code | 1/4 1/4 Sec <u>4</u> Twp <u>12N</u> Rng <u>4E</u> |
| Telephone No. () | Distance Direction Nearest Town |
| | <u>6</u> Miles <u>SE</u> of <u>Utica</u> |

Well / Borehole Data

Date drilling started: 10-2 Date drilling completed: 10-2 Hole depth: 240 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: creek

Method of dosing and volume of Chlorine used in drilling and development: 1 gal to every 3000

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, skip 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: 127 feet above or below (circle one) land surface Date measured: 11-3-06

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

Well depth: 220 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 200 feet to 220 feet

Type of completion (circle all applicable): Gravel packed _____ 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 next page*

Form: OLWR-SWR-1A
RECEIVED
 NOV 27 2006
 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \swarrow

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| CLAY | Ground Level | 120 |
| SAND | 120 | 135 |
| CLAY | 135 | 200 |
| SAND | 200 | 220 |
| CLAY | 220 | 240 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Edm Murhead

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 law.

Larry Easley 510 11-3 Larry RECEIVED
 Print Name of Responsible Licensee and License No. Date Signature of Licensee NOV 27 2006
 BY: OLWR

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

County Copiah
Permit # _____
Driller LARRY EASTLEY
Date completed 11-2-06

Aquifer _____
Well # C-27
Elevation _____

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 Dan Muirhead
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone No. (____) _____

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 4 Twn 14N Rng 3W
2N
Distance _____ Direction _____ Nearest Town _____
_____ Miles _____ of _____

Pump Type
Circle one

Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____
Date Pump Installed 11-3-06
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: 1
Setting Depth: 160 feet
Number of Stages: 12

Pump Test Data

Date Well Tested 10-3-06
Static Water Level (A) 127 Feet Below Land Surface
Pumping Water Level (B) 135 Feet Below Land Surface
Drawdown [(B) - (A)] 8 Feet Below Land Surface
Test Pumping Rate 12 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line _____ Electric Measuring Line _____ Special
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 12 GPM with a drawdown of
8 feet after 4 hours of pumping

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

LARRY EASTLEY 510
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED
NOV 27 2006
BY: OLWR