

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Lipe Well  
 Date drilling completed: 6-23-07

**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 #: J-137  
 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.*

<p align="center"><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Arkabutla Lake Field Office</u>          Mailing Address: <u>3905 Arkabutla Dam Road</u>  <u>Coldwater, MS 38618</u></p> <p>City _____ State _____ Zip Code _____          Telephone No. <u>(662) 292-1984</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 45' 48.4"</u> Longitude: <u>90° 7' 49.5"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS  <u>NE 1/4 SW 1/4 Sec 2 Twn 4S Rng 9W</u></p> <p>Distance _____ Direction _____ Nearest Town _____  <u>5 Miles N of Arkabutla</u></p>
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**Well / Borehole Data**

Date drilling started: 6-21-07 Date drilling completed: 6-23-07 Hole depth: 130 Hole diameter: 15"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: 20 lbs in Drilling Water

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) Relief

*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: Relief

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 128 Well grouted to a depth of 40 feet Type of grout (circle one): (Neat Cement) (Bentonite) Mix \_\_\_\_\_

Casing length: 68 feet Casing diameter: 8 inches Type of casing: Stainless

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless w/w

Screen slot size: .020 inches Setting depth: From 68 feet to 128 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*

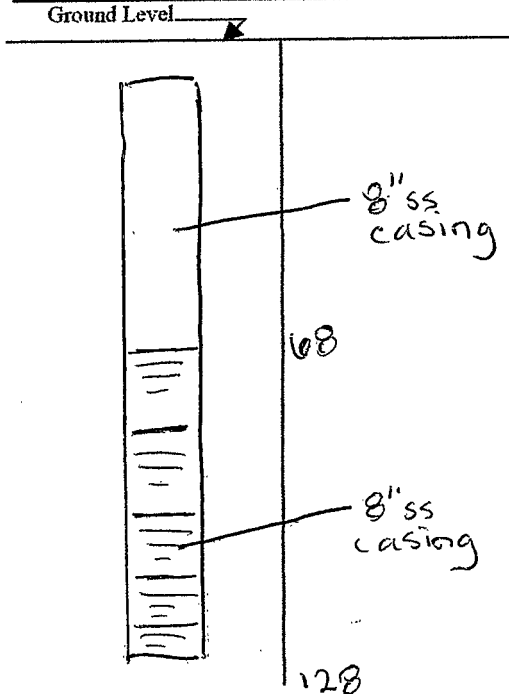
Form: OLWR-SWR-1A

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The sketch below only required for water wells

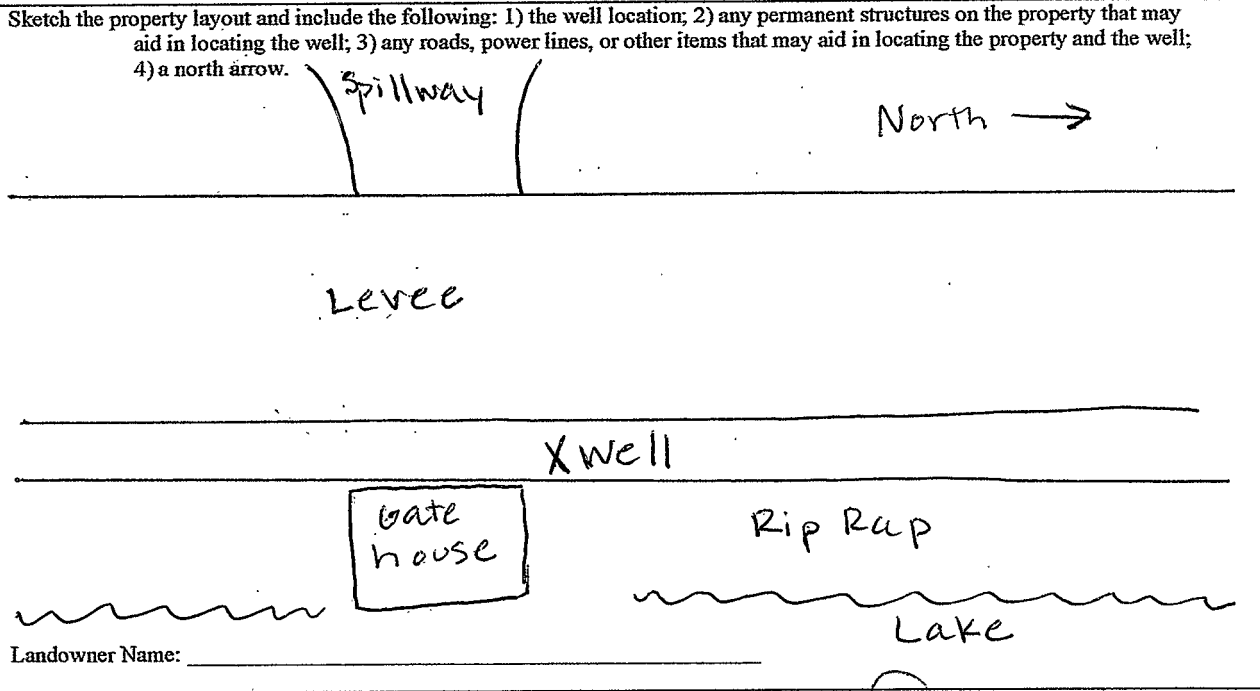
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	10
Tuff Brown Clay	10	90
Sand	90	117
Stump or log	117	120
Sand	120	134

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.

Larry Lipe 0-01 7-19-07 *[Signature]*  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Lipe Well  
 Date completed: 6-23-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-137  
 Elevation: \_\_\_\_\_

*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 at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Arkabutla Lake Field Office</u>	Latitude: <u>31°45'484"</u> Longitude: <u>90°7'495"</u>
Mailing Address: <u>3905 Arkabutla Dam Road</u> <u>Coldwater, MS 38618</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 2 T45 R9W</u>
Telephone No. <u>(662) 292-1984</u>	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles N of Arkabutla</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-23-07</u>	Setting Depth: <u>127</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-25-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>103</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>500</u> Gallons Per Minute	
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 Lipe 0-01  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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