

County: Franklin
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 10-7-06

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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-26
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Daniel Delozier</u>	Latitude: " " Longitude: " "
Mailing Address: <u>4142 McCall Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McCall Creek MS 39130</u>	1/4 1/4 Sec <u>33</u> Twn <u>7N</u> Rng <u>5E</u>
City State Zip Code	Distance Direction Nearest Town <u>10</u> Miles <u>W</u> of <u>Brookhaven</u>
Telephone No. ()	

Well / Borehole Data

Date drilling started: 10-6 Date drilling completed: 10-7 Hole depth: 300 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: 160 feet above or below (circle one) land surface Date measured: 10-6

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 010 inches Setting depth: From 260 feet to 280 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development

Other (describe): _____

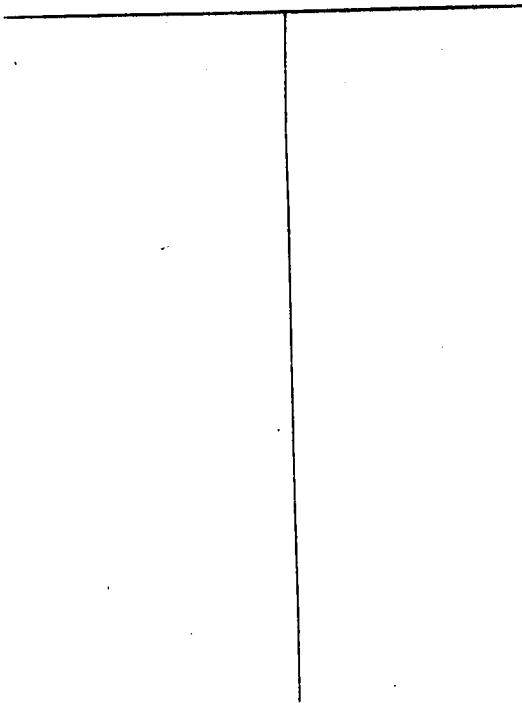
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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E-26

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From
CLAY	0 40
Sand	40 50
CLAY	50 240
Sand	240 280
CLAY	280 300

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) indicate direction

Landowner Name: Daniel Delozier

[Signature]
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)

County Franklin
 Permit # _____
 Driller LARRY Easley
 Date completed 10-7-06

For Office Use Only

Aquifer _____
 Well # E-26
 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	Well Location
Owner Name <u>Daniel Deloziee</u>	Latitude _____ Longitude _____
Mailing Address _____	Method of Lat/Long (circle one): Conventional Survey
_____	USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>7N</u> Rng <u>5E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline 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"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify) _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed <u>10-7</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-7</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tap <input type="checkbox"/>
Static Water Level (A) <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)] <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</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 Easley 510
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley
 Signature of Pump Installer

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