

County: Franklin
 Permit #: _____
 Driller: LARRY EASTLEY
 Date drilling completed: 10-18-06

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-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>Clint Wilkinson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>694 Dummy Line Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brookhaven MS 39601</u>	1/4 _____ 1/4 Sec <u>36</u> Twn <u>7N</u> Rng <u>5E</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. () _____	<u>8</u> Miles <u>W</u> of <u>BROOKHAVEN</u>

Well / Borehole Data

Date drilling started: 10-18 Date drilling completed: 10-18 Hole depth: 180 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: 80 feet above or below (circle one) land surface Date measured: 10-18

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

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

Casing length: 140 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 140 feet to 160 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*

RECEIVED

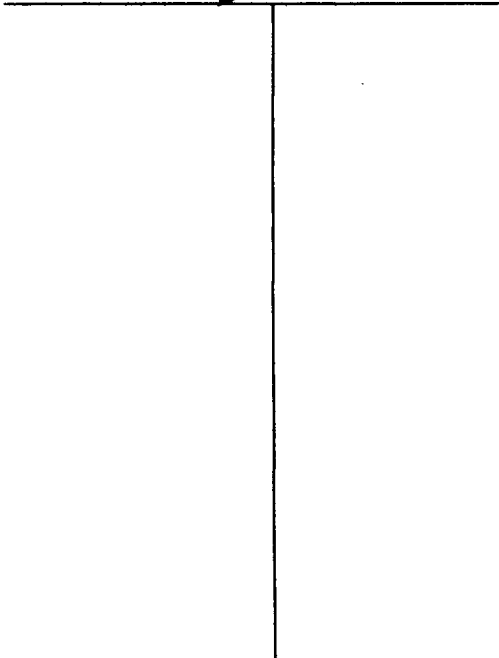
NOV 27 2006

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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	60
SAND	60	70
CLAY	70	140
SAND	140	165
CLAY	165	180

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: Crist Wilkinson

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 EASTLEY 510 10-18
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

RECEIVED
 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

Aquifer _____

Well # E-27

Elevation _____

County Franklin
 Permit # _____
 Driller Larry Eastley
 Date completed 10-18-06

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 Clint Wilkinson
 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 36 Twn 7N Rng 5E
 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 10-18-06
 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: 120 feet
 Number of Stages: 12

Pump Test Data

Date Well Tested 10-18-06
 Static Water Level (A) 80 Feet Below Land Surface
 Pumping Water Level (B) 85 Feet Below Land Surface
 Drawdown [(B) - (A)] 5 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 Steel Tap
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 12 GPM with a drawdown of
5 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