

County: Franklin
 Permit #: _____
 Driller: LARRY CASLEY
 Date drilling completed: 10-11-06

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 #: J. 56
 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>Mickey Clanton</u> | Latitude: " " Longitude: " " |
| Mailing Address: <u>6710 Hwy 84 E</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>McCall Creek MS 39647</u> | 1/4 1/4 Sec <u>12</u> Twn <u>4N</u> Rng <u>4E</u> |
| City State Zip Code | Distance Direction Nearest Town <u>14</u> Miles <u>W</u> of <u>Brookhaven</u> |
| Telephone No. () | |

Well / Borehole Data

Date drilling started: 10-11-06 Date drilling completed: 10-11 Hole depth: 120 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: 50 feet above or below (circle one) land surface Date measured: 10-11

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 93 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 93 feet to 113 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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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 # J-56
 Elevation _____

County Franklin
 Permit # _____
 Driller LARRY EASTLEY
 Date completed 10-11-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| | |
|--|---|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name <u>Mickey Clanton</u> Mailing Address _____ _____ _____ City _____ State _____ Zip Code _____ Telephone No. (____) _____</p> | <p style="text-align: center;">Well Location</p> <p>Latitude _____ Longitude _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>6N</u> Rng <u>4E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p> |
|--|---|

| | |
|--|---|
| <p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify) _____ Date Pump Installed <u>10-11</u> Rated Pump Capacity <u>12</u> Gallons Per Minute</p> | <p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Moto</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor <u>1/2</u> Setting Depth: <u>80</u> feet Number of Stages: <u>9</u></p> |
|--|---|

| | |
|---|--|
| <p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested <u>10-11</u> Static Water Level (A) <u>50</u> Feet Below Land Surface Pumping Water Level (B) <u>55</u> Feet Below Land Surface Drawdown [(B) - (A)] <u>5</u> Feet Below Land Surface Test Pumping Rate <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours) <u>4</u> hours</p> | <p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line _____ Electric Measuring Line _____ <u>Steel Tap</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of _____ <u>5</u> feet after <u>4</u> hours of pumping</p> |
|---|--|

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

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

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