

County: FRANKLIN
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 9-1-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)360-0535(fax)

For Official Use Only:
 Aquifer: _____
 Well #: P-101
 L.S. Elevation: _____
 B-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>Fred D. Veal</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1440 HWY 96E Smithdale MS 39244</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 Sec <u>34</u> Twp <u>5N</u> Rng <u>5E</u>
Telephone No. <u>601 556-3071</u>	Distance: <u>10</u> Miles Direction: <u>West</u> of Nearest Town: <u>Auburn</u>

Well / Borehole Data

Date drilling started: 8-25-08 Date drilling completed: 9-1-08 Hole depth: 180 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: WATER WELL

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

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 _____
 Scientific 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: 84 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Denonitic Mix _____

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 012 inches Setting depth: From 140 feet to 160 feet

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

Top of lap pipe or reduction in casing: _____ feet (if telescoped or more than one screen, describe in next entry)

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 regulation

If well intersects show depths on sketch
 Ground Level _____

Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	10	10
GRAVEL SAND	90	98
CLAY	140	140
SAND	150	160
CLAY	160	160

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: Fred Veal

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable regulations of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. LARRY Easley 0510

Signature of Licensee [Signature]

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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

County: FRANKLIN
 Permit #: _____
 Installer: LARRY EASLEY
 Date completed: _____
 Copy information from back on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: P-101
 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>FRED KESL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1440 HWY 98 E</u> <u>SMITHDALE MS39664</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	1/4 _____ 1/4 Sec. <u>34</u> T. <u>5N</u> R. <u>5E</u>
Telephone No. (_____) _____	Distance _____ Direction <u>West</u> Nearest Town: <u>Auburn</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	Setting Depth: <u>120</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: _____	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>84</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>16</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>16</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 0-510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-16

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