

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: E77  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lafayette  
Permit #: MS-GW-16265  
Driller: Lipe Well & Supply  
Date drilling completed: 07/14/2006

*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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wellgate</u>	Latitude: <u>34° 22' 20"</u> Longitude: <u>89° 36' 22"</u>
Mailing Address: _____	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>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>22</u> T <u>08S</u> R <u>04W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ <i>(Distance) (Direction) (Nearest Town)</i>

Well / Borehole Data
Date drilling started: <u>07/12/2006</u> Date drilling completed: <u>07/14/2006</u> Hole depth: <u>340</u> Hole diameter: _____
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>MDEQ</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Drilled in 2006 for Irrigation but redesignated PS in 2021</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>59.31</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>04/11/2007</u> <i>(check one)</i>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>248</u> Well grouted to a depth of: _____ feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>204</u> feet Casing diameter: <u>20</u> inches Type of casing: <u>steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>stainless</u>
Screen slot size: <u>0.03</u> inches Setting depth: From <u>208</u> feet to <u>248</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>168</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Lafayette

Permit #: MS-GW-16265

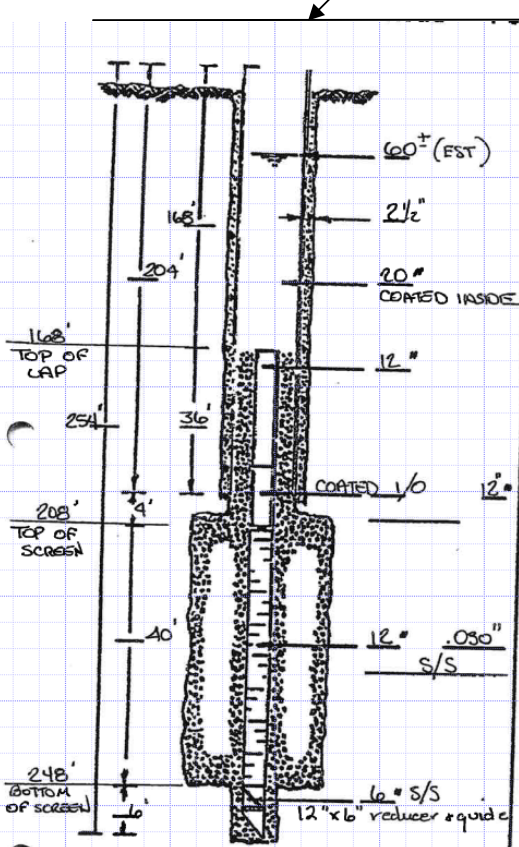
**For Office Use Only:**

Well #: E77

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



\* 20" OUTER CASING  
EPOXY COATED  
INSIDE TO 204'

\* 12" INNER CASING  
EPOXY COATED  
1/0 40'

\* 12" x 40' x .030" S/S  
WIRE WRAPPED SCREEN  
TRANSMITTING CAPACITY  
27.2 gal/ft = 1088 gpm

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)
		Ground level	
TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION	
10	10	Top soil - Red clay	
40	30	Sand & pink clay	
93	53	White clay and sand	
155	62	Sand w/ clay bands	
178	23	Buff white & pink clay	
196	18	Sand	
206	10	Muddy sand	
255	49	Sand	
340	85	Hard blue clay	

nd the well

Landowner Name: \_\_\_\_\_

I HEREBY 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.

Print Name of Responsible Licensee and License No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Licensee \_\_\_\_\_

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: E77

Aquifer: \_\_\_\_\_

County: Lafayette  
Permit #: MS-GW-16265  
Driller: Lipe Well & Supply  
Date completed: 04/11/2007  
Copy information from block on Part 1

*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>Wellsgate</u>	Latitude: <u>34° 22' 20"</u> Longitude: <u>89° 36' 22"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey_____, USGS quad_____, Hand-held GPS_____, Survey-grade GPS_____ _____ ¼ _____ ¼, Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (_____) _____	

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 700 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 40 Setting Depth: 150 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 04/11/2007 Duration of Pump Test (minimum 4 hours): 10 hours

Static Water Level (A): 59.31 Feet Below Land Surface Pumping Water Level (B): 118.25 Feet Below Land Surface

Drawdown [(B) - (A)]: 58.94 Feet Below Land Surface Test Pumping Rate: 700 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

WELLSGATE  
IRRIGATION WELL

2006

0360068-02

DRILLED 2006  
APPROVED FOR POTABLE  
USE SEPT. 2021

RH

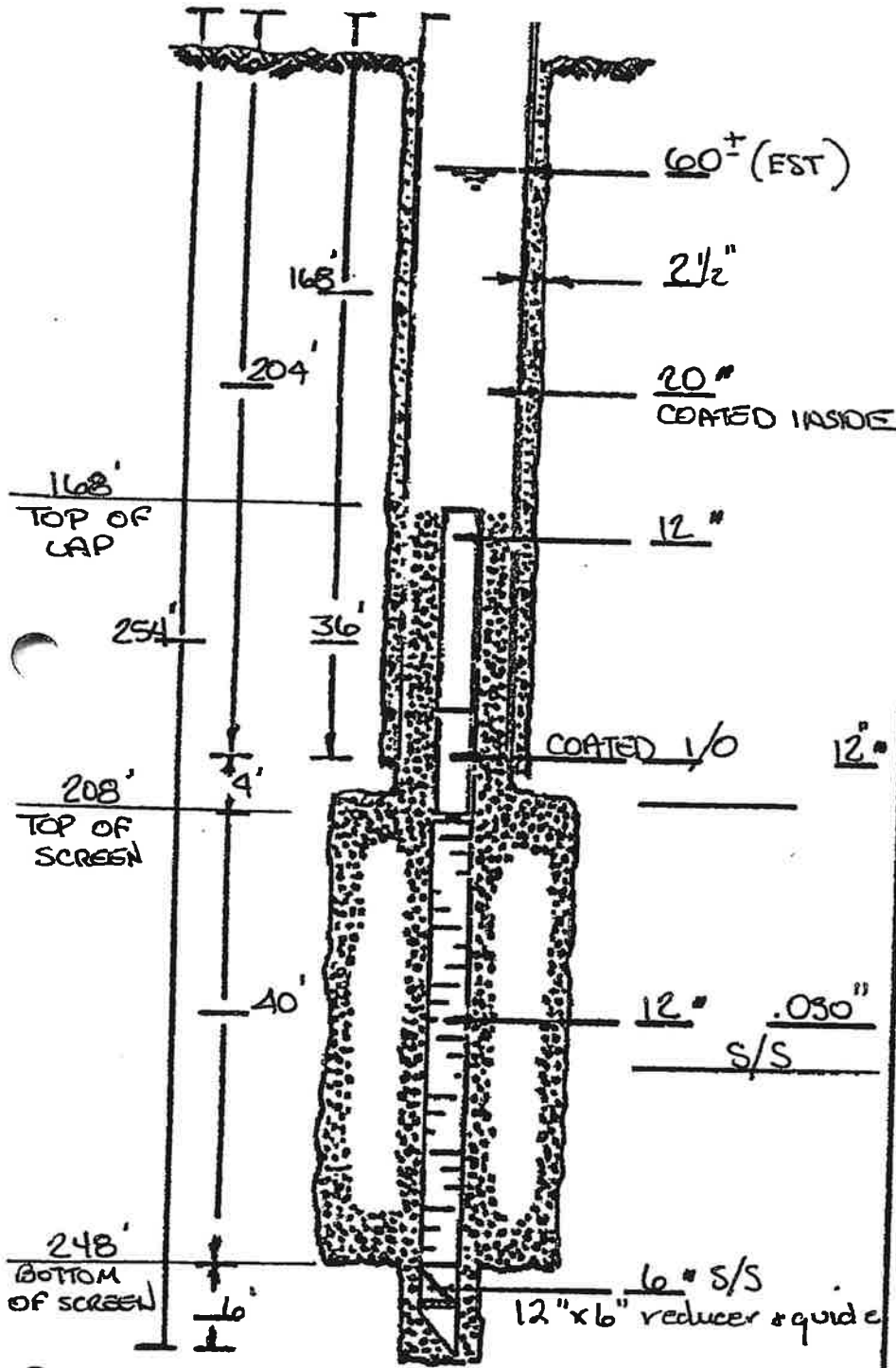
ref# 119869

Lipe Well & Supply Co., Inc.  
 615 Hentz Road Pope, MS

7/14/06

WELSGATE NO. 2

OXFORD, MS



- \* 20" OUTER CASING  
EPOXY COATED  
INSIDE TO 204'
- \* 12" INNER CASING  
EPOXY COATED  
1/0 40'
- \* 12" x 40' x .030" S/S  
WIRE WRAPPED SCREEN  
TRANSMITTING CAPACITY  
27.2 gal/ft = 1088 gpm



12" x 6" reducer & guide  
 6" S/S

# LIPE WELL & SUPPLY CO., INC.

## FORMATION LOG OF THE WELL

STARTED TEST HOLE 7/12/06 19 FINISHED 7/14/06 19 TEST HOLE NUMBER 2  
 LOCATION WELLSGATE # 2 SEC 22 TS 8S RANGE 4W ELEVATION 373  
OXFORD, MS. 34° 22'20" N / 89° 36'22" GPS

TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION	TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION
10	10	Top soil - Red clay			
40	30	Sand & pink clay			
93	53	White clay and sand			
155	62	Sand w/ clay bands			
178	23	Buff white & pink clay			
196	18	Sand			
206	10	Muddy sand			
255	49	Sand			
340	85	Hard blue clay			

MUD PIT SIZE \_\_\_\_\_ FT. X \_\_\_\_\_ FT. X \_\_\_\_\_ FT. DI  
 TYPE BIT USED TO CUT SAND 10" lowway pilot  
 SIZE OF TEST HOLE THROUGH SAND 10"  
 TYPE OF BIT USED TO CUT UPPER FORMATIONS \_\_\_\_\_  
 SIZE 10"  
 TYPE MUD PUMP USED 6x10 GD  
 DRILLING PRESSURE IN SAND \_\_\_\_\_  
 TYPE OF MUD USED Premium Gel - SuperGelX

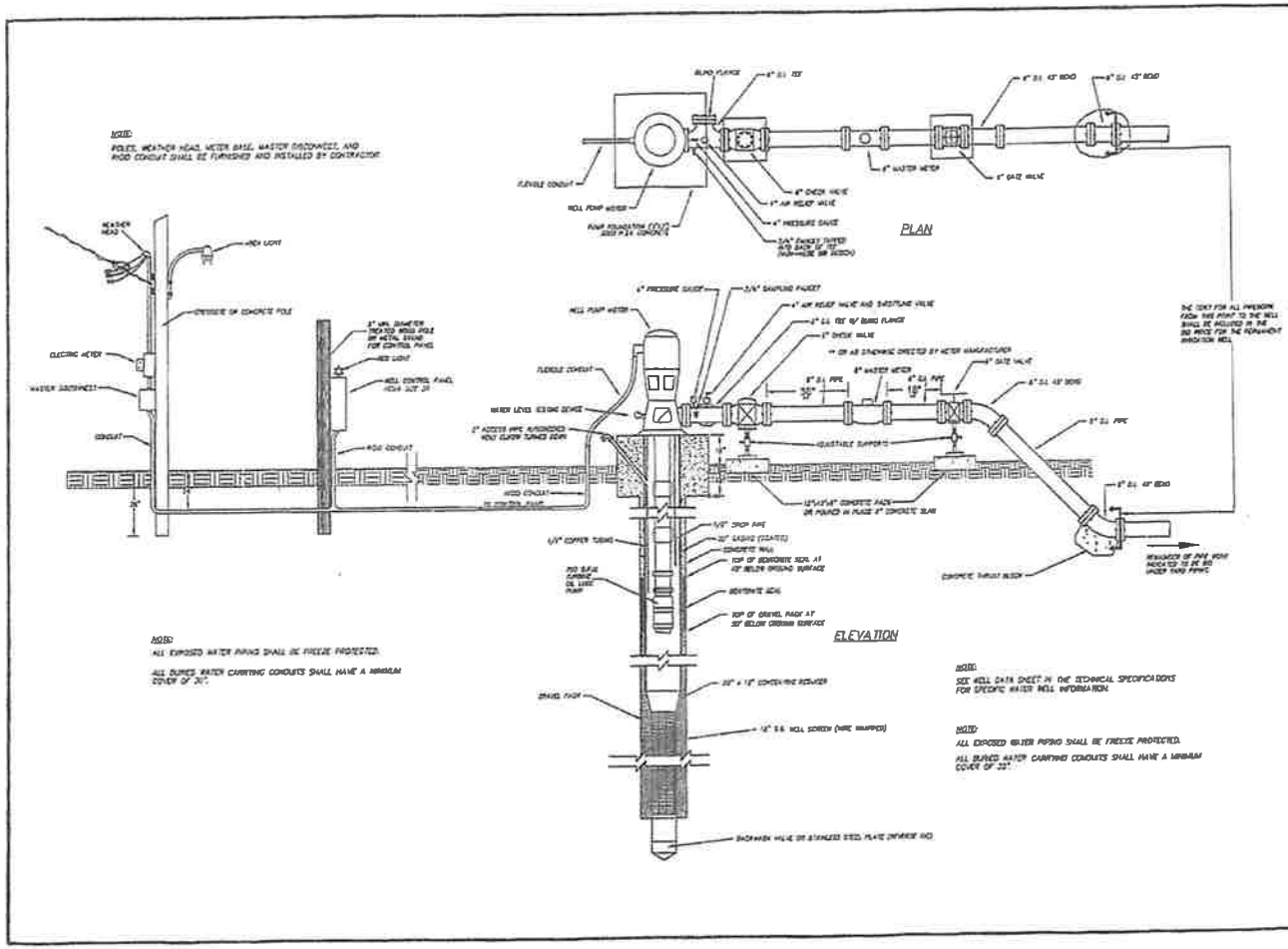
NOTES:  
206' - 255' Mud viscosity increased  
265' - Skinned mud  
Well stayed open with garden hose and clear water

### TEST DATA

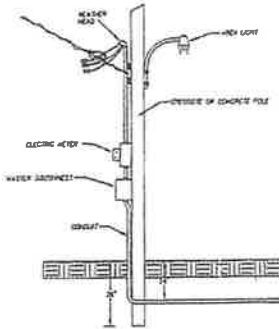
PRELIMINARY TEST	FINAL TEST
STATIC WATER LEVEL _____	
PUMPED G. P. M. _____	
PRESSURE POUNDS _____	
DRAWDOWN _____	
G. P. F. D. _____	
GUARANTEED G. P. M. _____	
GUARANTEED PRESSURE _____	
DATE OF TEST _____	

### REMARKS

DRILLER \_\_\_\_\_



NOTE:  
 POLY. WEATHER HEAD, METER BASE, METER DISCONNECT, AND  
 ROD CONDUIT SHALL BE TURNISHED AND INSTALLED BY CONTRACTOR.



NOTE:  
 ALL EXPOSED WATER PIPING SHALL BE FROST PROTECTED.  
 ALL EXPOSED WATER CARRYING CONDUITS SHALL HAVE A MINIMUM  
 COVER OF 24\"/>

NOTE:  
 SEE WELL DATA SHEET IN THE TECHNICAL SPECIFICATIONS  
 FOR SPECIFIC WATER WELL INFORMATION.

NOTE:  
 ALL EXPOSED WATER PIPING SHALL BE FROST PROTECTED.  
 ALL EXPOSED WATER CARRYING CONDUITS SHALL HAVE A MINIMUM  
 COVER OF 24\"/>

DATE	T.P.C.
NO.	J.L.K.
REV.	N.L.D.
DATE	MARCH 2004

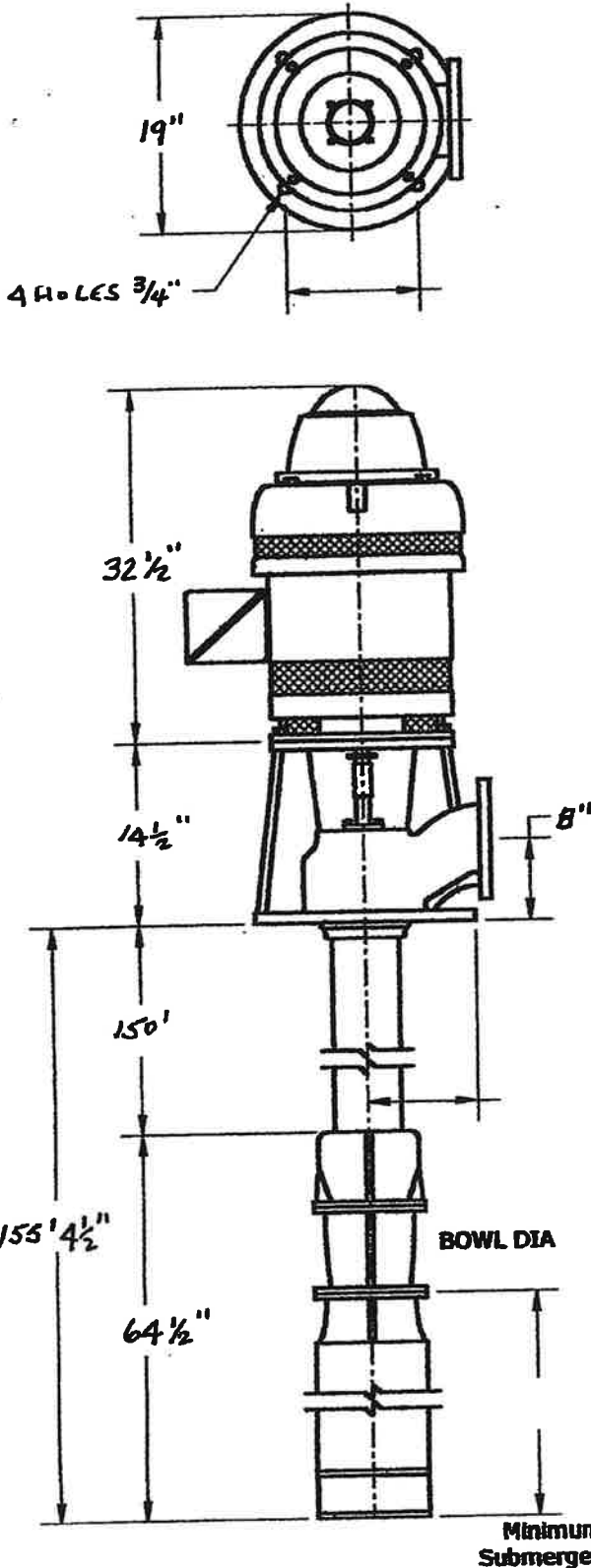
  

PROJECT	IRRIGATION WELL SITE
LOCATION	LAWRENCE COUNTY, MISSISSIPPI
CLIENT	CRESCENT UTILITY COMPANY, INC.
DESIGNER	DUNGAN Engineering, PA
SCALE	AS SHOWN

DATE	12/03/03
SHEET NO.	3
TOTAL SHEETS	4

# NORTH AMERICAN PUMPS



MOTOR  
40 HP 3 PH 60 HZ 230/460 VOLT  
1800 RPM 324TFR MFG GE

\*\*\*\*\*  
DISCHARGE HEAD  
J HEAD 6 "DISC 150 # RATING  
PACKED  O/L  
MECH SEAL  GROUT PLATE

\*\*\*\*\*  
COLUMN  
6 " X 280 WALL  THD          FLG'D  
LINESHAFT          OPEN  ENCLOSED  
1 " SHAFT DIA 1 1/2 TUBE DIA

\*\*\*\*\*  
PUMP  
3 STAGE 12875 BOWL ASSEMBLY  
700 GPM 165 FT THD  
STRAINER          YES          NO TYPE           
"TPL          METALLURGY           
BOWL CODE C1BF

\*\*\*\*\*  
MATERIALS  
BOWLS A48 CL30 COLUMN A52 GR B  
IMPELLERS B584 C836 TUBE A52 GR B SCH80  
BOWL SHAFT A276 GR416 BRG RET NA  
COLLETS A276 GR416 L/S BRG B584 C836  
BOWL BRGS B584 C936 SHAFTING C1045  
BOLTING GR5 HEAD A48 CL30  
TENSION BRG A48 CL30 PACKING NA  
MECH SEAL NA STRAINER           
GROUT PLATE A-36

CUSTOMER L.P.E. Well & Supply  
PROJECT WELLS GATE #2

FURNISHED BY         

PO #          SERIAL #         

NOT FOR CONSTRUCTION UNLESS CERTIFIED



**NORTH AMERICAN  
PUMPS**

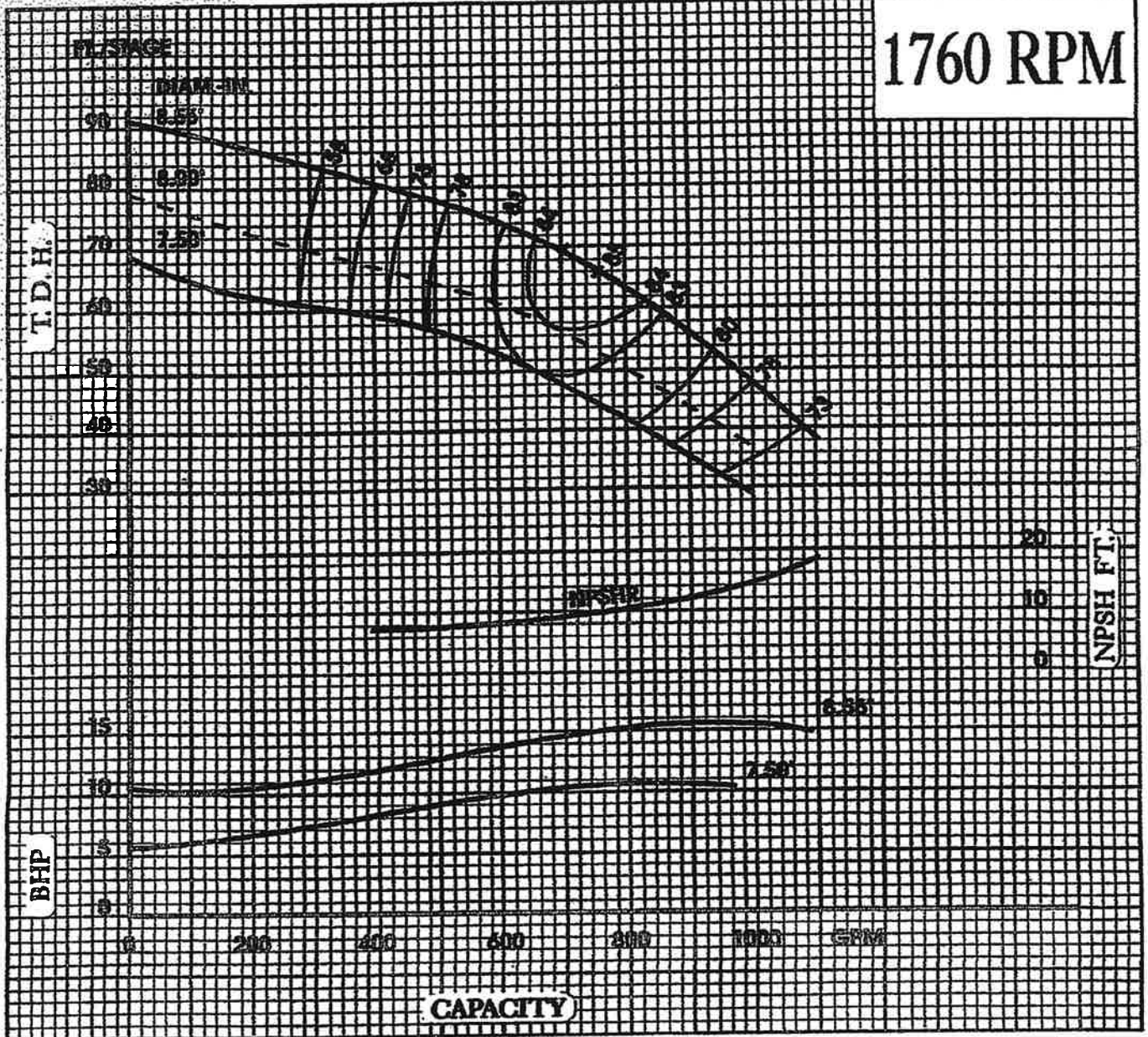
**VERTICAL TURBINE PUMP**

**MODEL 12 B-75**

**VC-37**

**Dated 07/01/94**

**1760 RPM**



Efficiency shown is for 4 stages or more, with standard materials. For fewer stages change efficiency as shown.

No. of stages.	Eff. change	No. of stages.	Eff. change
1	-4.0	4	—
2	-2.5	5	—
3	-1.0	6	—

TECHNICAL DATA		LBS.
Bowl wt. add stage (lbs.)		92
Rotor wt. per stage (lbs.)		25
Bowl wt. first stage (lbs.)		250
Thrust factor		7.9
Max bowl horsepower		240
Impeller eye area (sq. inch.)		16.7

CUSTOMER:	FLUID:	SP. GR.:	EFF.:
SERVICE:	CAPACITY:	VISC.:	BHP:
DATE:	T. D. H.:	NPSHA:	NPSHR:

**NORTH AMERICAN PUMPS, LLC**  
**2887 LAKEVIEW RD.**  
**MEMPHIS, TN 38116**

Company: Lipe Well  
 Name: Larry Lipe  
 Date: 11/06/06

**Pump:**

Size: 12B-75 (3 stages)  
 Type: VERT\_TURBINE  
 Synch speed: 1800 rpm  
 Curve: VC-37  
 Specific Speeds:  
 Dimensions:  
 Speed: 1760 rpm  
 Dia: 7.85 in  
 Impeller:  
 Ns: 2082  
 Nss: 8907  
 Suction: 8 in  
 Discharge: 8 in

**Search Criteria:**

Flow: 700 US gpm      Head: 165 ft

**Fluid:**

Water  
 SG: 1  
 Viscosity: 1.105 cP  
 NPSHa: — ft  
 Temperature: 60 °F  
 Vapor pressure: 0.2563 psi a  
 Atm pressure: 14.7 psi a

**Motor:**

Standard: NEMA  
 Enclosure: TEFC  
 Sizing criteria: Max Power on Design Curve  
 Size: 40 hp  
 Speed: 1800  
 Frame: 324T

**Pump Limits:**

Temperature: 200 °F  
 Pressure: 430 psi g  
 Sphere size: 0.312 in  
 Power: — hp  
 Eye area: — in<sup>2</sup>

— Data Point —

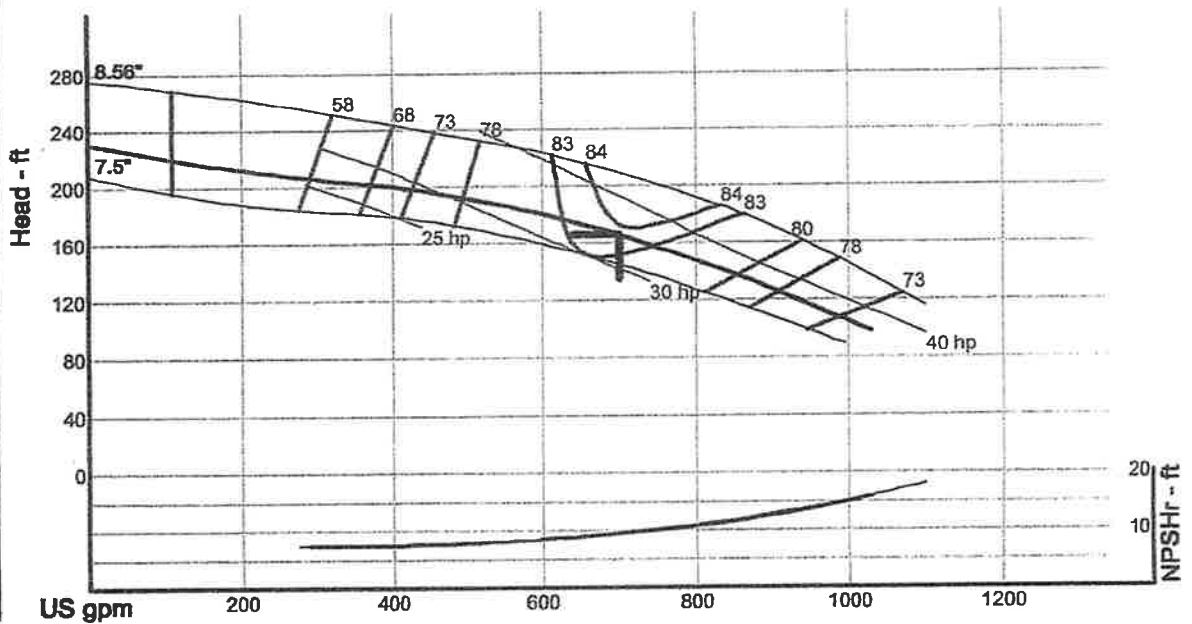
Flow: 700 US gpm  
 Head: 165 ft  
 Eff: 83.6%  
 Power: 34.7 hp  
 NPSHr: 9.43 ft

— Design Curve —

Shutoff Head: 229 ft  
 Shutoff dP: 99.1 psi  
 In Flow: 112 US gpm  
 BEP: 83.8% eff  
     @ 692 US gpm  
 NOL Pwr: 36.6 hp  
     @ 854 US gpm

— Max Curve —

Max Pwr: 47.4 hp  
     @ 940 US gpm



**Performance Evaluation:**

Flow US gpm	Speed rpm	Head ft	Pump %eff	Power hp	NPSHr ft
840	1760	139	80.4	36.4	11.5
700	1760	165	83.6	34.7	9.43
560	1760	183	80.5	32	8.26
420	1760	197	72.4	28.8	7.6
280	1760	206	56.7	25.6	7.5



HYDRAULIC WELL AND PUMP TEST

Date 4/11/07

Purchaser CRESCENT UTILITIES Test Personnel RAGON

Location WEUSGATE

Well No. 2 Type Well IRRIGATION

Test No. 2 Motor No. 1 Voltage 240V 3φ

Pump No. \_\_\_\_\_ Type Pump \_\_\_\_\_

Size Well 20" Length Air Line \_\_\_\_\_ Static Water Level 59'-FEET<sup>3 3/4"</sup> (ABOVE)

Orifice Size 6 " X 5 " Static A. L. Pressure M.P. WELL HEAD

Time	Disch. Lbs.	Press. Feet	Orifice Inches	U. S. G.P.M.	Alt. Ft. Left	DRAWDOWN	Pumping Level	Specific Capacity
8:00 AM	20 PSI							
8:01			38	759			101' 1/2"	
8:02			37	748			107' 3"	
8:03			36	737			110' 6 1/2"	
8:04			35	726			112' 5 3/4"	
8:05			34 1/2	720			113' 6"	
8:06			34 1/2	720			114' 1 3/4"	
8:07			34 1/2	720			114' 8"	
8:08	✓		34	715			114' 10"	
8:09	20 PSI		34	715			115' 0"	
8:10			34	715			115' 3"	
8:12			33 1/2	709			115' 8"	
8:14			32	692			115' 8 1/2"	
8:16			32 1/2	697			114' 10"	
8:18			32 1/2	697			114' 10"	
8:20			32 1/2	697			115' 0"	
8:22			32 1/2	697			115' 2"	
8:24	↓		32	692			115' 4"	
8:26	20 PSI		33	703			116' 0"	

Test Approved By [Signature]



HYDRAULIC WELL AND PUMP TEST

Date 4/11/07

Purchaser CRESCENT UTILITIES Test Personnel RAGON

Location WELSGATE

Well No. 2 Type Well IRRIGATION

Test No. 2 Motor No. 1 Voltage 240V 3φ

Pump No. \_\_\_\_\_ Type Pump \_\_\_\_\_

Size Well 20" Length Air Line \_\_\_\_\_ Static Water Level 59 FEET <sup>3-3/4'</sup> (ABOVE)

Orifice Size 6 " X 5 " Static A. L. Pressure \_\_\_\_\_

Time AM	Disch. lbs.	Press. Feet	Orifice Inches	U. S. G.P.M.	Alt. Ft. Left	DRAWDOWN	Pumping Level	Specific Capacity
8:28	20		33	703		116' 6"		
8:30			32 3/4	700		116' 8"		
8:35			32 1/2"	697		116' 8"		
8:40			32 1/2	697		117		
8:45			32 1/2			117' 1 1/2"		
8:50			32 1/2			118' 6"		
8:55			32 1/2			119' 1"		
9:00	✓		32			118' 8"		
9:15	20		32 1/2			118' 8"		
9:30			32 1/2			118' 3 1/2"		
9:45			32 1/2			118' 3 1/2"		
10:00						118' 3"		
10:15						118' 3"		
10:30						118' 2"		
10:45						118' 2"		
11:00						118' 2"		
11:15						118' 4"		
11:30	✓		✓	✓		118' 3"		
11:45	20		32 1/2	697		118' 2"		

Test Approved By DSS



HYDRAULIC WELL AND PUMP TEST

Date 4/11/07

Purchaser CRESCENT UTILITIES Test Personnel RAGON

Location WELSGATE

Well No. 2 Type Well IRRIGATION

Test No. 2 Motor No. 1 Voltage 240V 3φ

Pump No. \_\_\_\_\_ Type Pump \_\_\_\_\_

Size Well 20" Length Air Line \_\_\_\_\_ Static Water Level 59 FEET <sup>3/4"</sup>  
(ABOVE)

Orifice Size 6 " X 5 " Static A. L. Pressure \_\_\_\_\_

Time	Disch. Lbs.	Press. Feet	Orifice Inches	U. S. G.P.M.	Alt. Ft. Left	DRAWDOWN	Pumping Level	Specific Capacity
12:00	20		3 1/2	697			118' 2"	
12:15							118' 3"	
12:30								
12:45								
1:00								
1:15								
1:30	∇		∇	∇			∇	
1:45	20		3 1/2	697			118' 3"	
2:00								
2:15								
2:30								
2:45								
3:00								
3:15								
3:30								
3:45								
3:55	∇		∇	∇			∇	
4:00	20		3 1/2	697			118' 3"	

Test Approved By DSS



HYDRAULIC WELL AND PUMP TEST

Date 4/11/07

Purchaser CRESCENT UTILITIES Test Personnel RAGON

Location WELSGATE

Well No. 2 Type Well IRRIGATION

Test No. 2 Motor No. 1 Voltage 240V 3φ

Pump No. \_\_\_\_\_ Type Pump \_\_\_\_\_

Size Well 20" Length Air Line \_\_\_\_\_ Static Water Level 59 FEET <sup>3 3/4"</sup>

Orifice Size 6 " X 5 " Static A. L. Pressure (ABOVE)

Time	Disch. Lbs.	Press. Feet	Orifice Inches	U. S. G.P.M.	Alt. Ft. Left	DRAWDOWN	WATER Pumping Level	Specific Capacity
4:01	-	WELL OFF	-				92'	
4:02							84' 2 1/4"	
4:03							75' 7 3/4"	
4:04							71' 11 1/2"	
4:05							69' 10"	
4:06							68' 8 1/2"	
4:07							68' 1 3/4"	
4:08							67' 7"	
4:09							67' 2 1/4"	
4:10							66' 10 1/2"	
4:12							65' 9 1/4"	
4:14							64' 9"	
4:16							63' 11"	
4:18							63' 2"	
4:20							62' 9"	
4:22							62' 4 1/2"	
4:24							62' 0"	
4:26							61' 10"	
4:28							61' 5"	

Test Approved By DJJ



HYDRAULIC WELL AND PUMP TEST

Date 4/11/07

Purchaser CRESCENT UTILITIES Test Personnel RAGON

Location WELSGATE

Well No. 2 Type Well IRRIGATION

Test No. 2 Motor No. 1 Voltage 240V 3φ

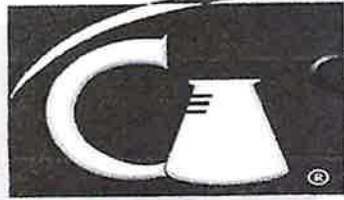
Pump No. \_\_\_\_\_ Type Pump \_\_\_\_\_

Size Well 20" Length Air Line \_\_\_\_\_ Static Water Level 59 FEET <sup>3/4"</sup> (ABOVE)

Orifice Size 6 " X 5 " Static A. L. Pressure \_\_\_\_\_

Time	Disch. Lbs.	Press. Feet	Orifice Inches	U. S. G.P.M.	Alt. Ft. Left	DRAWDOWN	WATER Pumping Level	Specific Capacity
4:30							61' 1"	
4:35							60' 10 1/2"	
4:40							60' 8 1/2"	
4:45							60' 4 1/2"	
4:50							60' 2"	
4:55							59' 11"	
5:00							59' 9 1/4"	
5:05							59' 7"	
5:10							59' 8"	
5:15							59' 6 1/4"	
5:20							59' 5 1/2"	
5:25							59' 5"	
5:30							59' 7"	
5:35	WELL ON	0	59"	942 *		OPERATING		CONDITION: CAUSING
5:40		10	45"	828		WELL TO		OVER PUMP
5:45		20	32 1/2"	697 *		DESIGN CONDITION		
5:50		30	21 1/2"	602				
5:55		40	15"	480				
6:00		50	8"	339				

Test Approved By Dff



**CORNERSTONE  
LABORATORIES  
LLC**

3043 Airways Blvd., Bldg. B, Ste. 7 • Memphis, TN 38131 • (901) 398-4001 Fax: (901) 398-4223

**LIPE WELL & SUPPLY  
ATTN: LARRY LIPE  
615 HENTZ ROAD  
POPE, MS 38658**

**October 20, 2006**

**REPORT NUMBER: 290-06-006**

**ACCOUNT #: 03-0081**

On October 17, 2006, one well water sample was submitted to the laboratory for analyses detailed on the chain of custody accompanying the sample. The sample was received on ice at <4°C and in good condition. There were no analytical problems encountered and the results of the analysis are below.

**CERTIFICATE OF ANALYSIS**

**Laboratory Number: 35945**

**Sample ID: Wellsgate #2**

Analysis	RESULT	Detection	METHOD	DATE/TIME ANALYZED	ANALYST
		Limit			
Calcium	1.160 mg/L	0.005 mg/L	200.7	10/18/06 13:44	M. Blum
Magnesium	0.350 mg/L	0.005 mg/L	200.7	10/18/06 13:44	M. Blum
Manganese	<0.005 mg/L	0.005 mg/L	200.7	10/18/06 13:44	M. Blum
Iron	0.021 mg/L	0.050 mg/L	200.7	10/18/06 13:44	M. Blum
Potassium	0.300 mg/L	0.010 mg/L	200.7	10/18/06 13:44	M. Blum
Total Alkalinity	10 mg/L	1 mg/L	310	10/18/06 11:30	M. Blum
P Alkalinity	<1 mg/L	1 mg/L	SM2320B	10/18/06 11:50	M. Blum
TDS	<1 mg/L	1 mg/L	160.1	10/18/06 13:00	M. Blum
Hardness	4 mg/L	1 mg/L	130	10/18/06 09:45	M. Blum
Turbidity	0.80 Ntu	0.01 Ntu	180.1	10/18/06 09:00	M. Blum
Color	<10 pt-co	Report	110	10/18/06 16:30	M. Blum
pH	5.71 s.u.	Report	150	10/17/06 13:50	M. Blum
Sulfate	<1 mg/L	1 mg/L	375	10/18/06 16:00	M. Blum
Carbon Dioxide	<1 mg/L	1 mg/L	LaMotte	10/17/06 13:55	M. Blum
Fluoride	<0.1 mg/L	0.1 mg/L	340	10/18/06 10:00	M. Blum
Chloride	<1 mg/L	1 mg/L	325	10/18/06 10:10	M. Blum

Thank you for using Cornerstone Laboratories.

Samuel J. LaBonia  
President and Technical Director





**Mississippi Department of Health**  
**Public Health Laboratory**  
 K.Mills McNeill, MD, PhD - Laboratory Director  
 Jim Home, MPH, CIH - Laboratory Manager  
 570 East Woodrow Wilson  
 Jackson, MS 39216  
 Phone: 601-576-7582

Name: CRESCENT UTILITY CO, INC

Reporting Address:

Submitter #: 0360068

615 HENTZ RD  
 POPE, MS 38658

Contact Person: LIPE WELL & SUPPLY

LSN A070039367 (124355)

**Drinking Water**

Date Received: 7/19/2007 7:21:49AM

Reason for Test Monitoring Sample - Public - Form 425  
 Date / Time Collected 7/18/2007 @1:40 PM  
 Collected By LIPE

Site Code:  
Collection Site Address  
 NEW WELL

Chlorine Free  
 Chlorine Total

Comment

Analysis

Results

Presence - Absence (SM9223)

Total Coliform Absent < 1/100 ml



**Mississippi Department of Health**  
**Public Health Laboratory**  
 K.Mills McNeill, MD, PhD - Laboratory Director  
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 570 East Woodrow Wilson  
 Jackson, MS 39216  
 Phone: 601-576-7582

Name: CRESCENT UTILITY CO, INC

Reporting Address:

Submitter #: 0360068

615 HENTZ RD  
 POPE, MS 38658

Contact Person: LIPE WELL & SUPPLY

LSN A070039365 (124353)

**Drinking Water**

Date Received: 7/19/2007 7:21:49AM

Reason for Test Routine sample  
 Date / Time Collected 7/18/2007 @1:55 PM  
 Collected By LIPE

Site Code: 5

Chlorine Free .5  
 Chlorine Total .5

Collection Site Address

Comment

Analysis

Results

Presence - Absence (SM9223)

Total Coliform Absent < 1/100 ml

LSN A070039366 (124354)

**Drinking Water**

Date Received: 7/19/2007 7:21:49AM

Reason for Test Monitoring Sample - Public - Form 425  
 Date / Time Collected 7/18/2007 @9:10 AM  
 Collected By LIPE

Site Code:

Chlorine Free  
 Chlorine Total

Collection Site Address

NEW WELL NO. 2

Comment

Analysis

Results

Presence - Absence (SM9223)

Total Coliform Absent < 1/100 ml