

County: LAWRENCE
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 3-16-10

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)366-5539(fax)

Aquifer: J 48
 Well #: _____
 I. 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>Larry Steger</u>		Latitude: <u>31.28.24</u>	Longitude: <u>90.14.27</u>
Mailing Address: <u>159 N. Highway 110</u>		Method of Lat/Long (circle one): Conventional Survey	
<u>Jayce M. S. 39141</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		NW x NW x Sec <u>19</u> Twn <u>6N</u> Rng <u>10E</u>	
Telephone No. () _____		Distance _____ Miles	Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 3-16-10 Date drilling completed: 3-16-10 Hole depth: 160 Hole diameter: 7-7/8

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon per 200

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Purpose of borehole (check one): Water Well Geotechnical/Osteological Investigation _____ Ground Source Heat Pump _____

Scientific Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this sheet

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: 49 feet above or below (circle one) land surface Date measured: 3-16-10

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): Best Cement Bentonite Mica

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: 0-10 inches Setting depth: From 140 feet to 160 feet

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

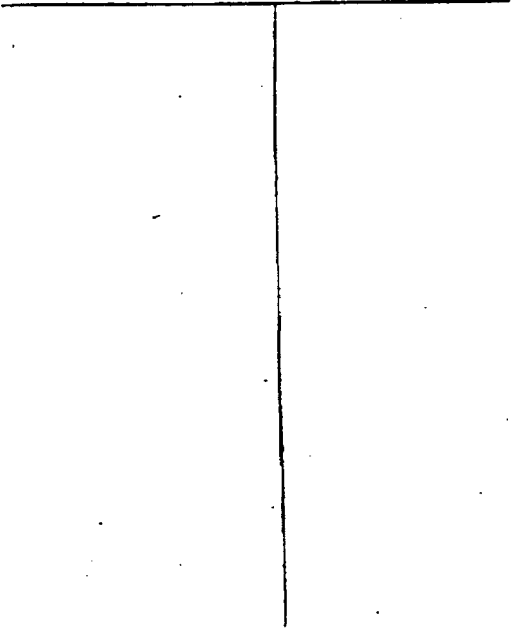
Other (describe): _____

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

Form: OLRW-SWR-1A

548

SCREENING LEVEL



CLAY	0	20
GRAVEL	20	50
CLAY SAND	50	100
SAND	100	140

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: Garry Stegler

Garry Eddy
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

County: Leflore Co
 Permit #: _____
 Driller: Larry E. ...
 Date completed: 3-16-10
 Copy information from block on Part 1

For Office Use Only:

Aquifer: J48
 Well #: _____
 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>Larry Steyer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1591 N. ...</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>... 39641</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>19</u> T. <u>62</u> N. R. <u>10</u> E
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town: _____
	_____ Miles _____ of _____

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 HP</u>
Date Pump Installed: <u>3-16-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-16-10</u>	Air Line _____ Electric Measuring Line _____ <u>Seal Tape</u>
Static Water Level (A): <u>49</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>49</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>0</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>0</u> feet after <u>1</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 E. ... 510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B