

County: Lawrence
 Permit #: _____
 Driller: Walker-Hill Environmental, Inc.
 Date drilling completed: 12/24/2009

State Well Report
Part 1 – Driller’s Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: L 68
 Well #: _____
 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>Tommy Saul</u>	Latitude: <u>31 ° 29 ' 14 "</u> Longitude: <u>89 ° 59 ' 06 "</u>
Mailing Address: <u>320 Billy Davis Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Silver Creek MS 39663</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ NW ¼ Sec 14 Twn 6N Rng 2E</u>
Telephone No. (<u>601</u>) <u>441-3818</u>	Distance Direction Nearest Town
	<u>2 Miles SE of Arm 20W</u>

Well / Borehole Data

Date drilling started: 12/23/09 Date drilling completed: 12/24/09 Hole depth: 100' Hole diameter: 7.5"

Location of the source of any surface water used for drilling: Foxworth Water Association
 Method of dosing and volume of Chlorine used in drilling and development: 2 cups HTH per 2000 gal. of water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): No log run

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 N/A Other (describe) _____

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 12/24/09

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

Well depth: 100' Well grouted to a depth of 25 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 90 feet to 100 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***

Form: OLWR-SWR-1A (04/08)

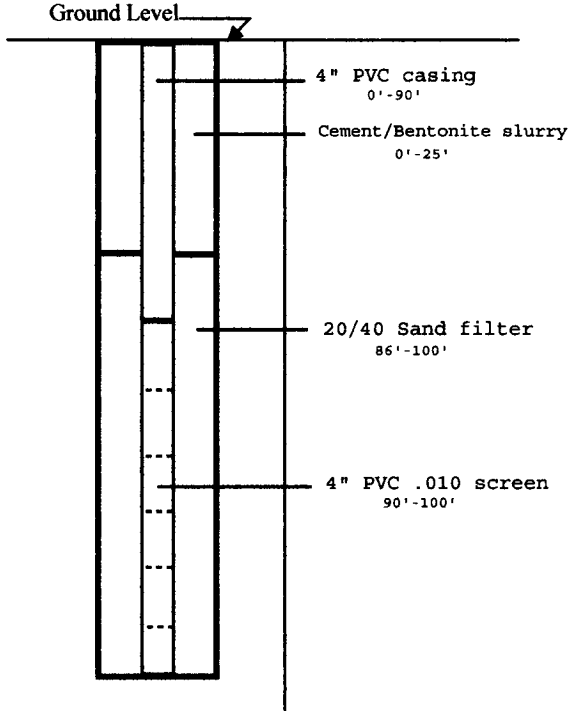
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L 68

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30'
Sand w/ gravel	30'	100'

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: Tommy Saul - waterwell

Form: OLWR-SWR-1A (04/08)

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.

GARY P. HILL 0-578 2-19-10
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Lawrence
 Permit #: _____
 Driller: Walker-Hill Environmental
 Date completed: 12/24/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: L68
 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>Tommy Saul</u>	Latitude: <u>31° 29' 14"</u> Longitude: <u>89° 59' 06"</u>
Mailing Address: <u>320 Billy Davis Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <u>X</u> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Silver Creek MS</u> <u>39663</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>14</u> T <u>6N</u> R <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>441-3818</u>	<u>2</u> Miles <u>SE</u> of <u>Arm</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>3/4</u>
Date Pump Installed: <u>12/24/09</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/24/09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>8</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.

GARY P. Hill 0-578 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR **RECEIVED**
FEB 23 2010
BY: OLWR