

Lincoln
~~Lincoln~~
 Name: LARRY Easley
 Date drilling completed: 11-9-07

State Well Report
 Part I - 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 #: A-22
 U.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
 Latitude: 31.36 50 Longitude: 90.41 50
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec: 34 Twp: 8N Rng: 5E
 Distance: _____ Miles Direction: _____ of Nearest Town: _____
 Well Name: Ralph King
 Mailing Address: Caseyville Rd
 City: _____ State: _____ Zip Code: _____
 Telephone No.: _____

Well / Borehole Data
 Date drilling started: 11-4 Date drilling completed: 11-9 Hole depth: 700' 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: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: DEQ
 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 flowing well, method of flow regulation: Valve _____ Other (describe): _____
 Static Water Level: 200 feet above or below (circle one) land surface Date measured: 11-12-07
 Method of Measurement (circle one): Steel tape electric tape _____ air line _____ other: _____
 Well depth: 680 Well grouted to a depth of 10 feet Type of grout (circle one): Non-shrink Bentonite Mix
 Casing length: 660 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 006 inches Setting depth: From 660 feet to 680 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

If well telescopes please sketch below and show depths

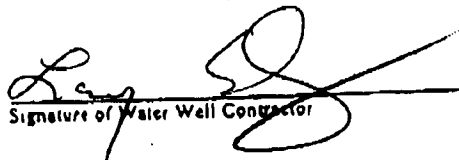
Ground Level

Description of Formations Encountered	From	To
CLAY	0	65
SAND	65	80
Clay	80	700

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.

井主姓名: Ralph King


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
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only
 Aquifer _____
 Well # A-22
 Elevation _____

County _____
 Permit # _____
 Installer LARRY EASLEY
 Date completed 11-12-07

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

Well Owner Information
 Owner Name Ralph King
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone No. (____) _____

Well Location
 Latitude _____ Longitude _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade _____

 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible
 Hooker _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify) _____
 Date Pump Installed 11-12-07
 Rated Pump Capacity 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor _____
 Windmill _____ Other (specify) _____
 Horse Power Rating of Motor 1
 Setting Depth 260 feet
 Number of Stages 12

Pump Test Data
 Date Well Tested 11-12-07
 Static Water Level (A) 200 Feet Below Land Surface
 Pumping Water Level (B) 205 Feet Below Land Surface
 Drawdown ((B) - (A)) 5 Feet Below Land Surface
 Test Pumping Rate 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours) 4 hours

Method of Measuring Water Level
 Circle one
 Air Line _____ Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____
 Well yielded 12 GPM with a drawdown of _____
5 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY 310
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer