

FROM : LARRY EASLEY

FAX NO. : 7018331160

Jun. 02 2008 02:35PM P1

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 9-18-07

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 #: E-21
 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)

Owner Name: Dickey Martin
 Mailing Address: 3421 Huicks Retreat
Wesson MS 39191
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude 31 40 28 Longitude 90 18 11
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 SW 1/4 SE 1/4 Sec 9 Twn 8 N Rng 9 E
 Distance 11 Miles Direction E of Nearest Town Brookhaven

Well / Borehole Data
 Date drilling started: 9-17 Date drilling completed: 9-18 Hole depth: 380 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 _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running log(s): 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 _____
 In a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 State Water Level: 140 feet above or below (circle one) land surface Date measured: 9-28-07
 Method of Measurement (circle one) steel tape electric tape air line other _____
 Well depth: 340 feet Well grouted to a depth of 10 feet Type of grout (circle one): Green Cement Bentonite Mix
 Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 008 inches String depth: From 300 feet to 340 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*

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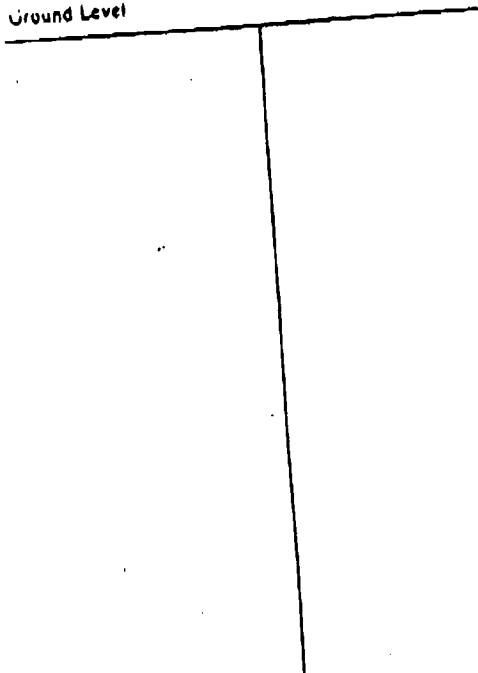
FAX NO. : 7018331160

Jun. 02 2008 02:35PM P3

E-21

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered

From

CLAY
SAND
CLAY

0 280
280 350
350 380

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: _____

Signature of Water Well Contractor _____

FROM : LARRY EASLEY

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Jun. 02 2008 02:35PM P2

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 # E-21
 Elevation: _____

County Lincoln
 Person # _____
 Installer LARRY Easley
 Date completed 9-28-07

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		Well Location	
Owner Name <u>Dickey Martin</u>	Latitude _____	Longitude _____	
Method of Lat/Long (circle one):	Conventional Survey		
	USGS quad, Hand-held GPS, Survey-grade		
_____ % _____	_____ Sec _____	_____ Twn _____	_____ Rng _____
Distance _____	Direction _____	Nearest Town _____	
_____ Miles _____	of _____		
Mailing Address _____		City _____ State _____ Zip Code _____	
Telephone No. (_____) _____			

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____
Other (specify) _____	Date Pump Installed <u>9-28-07</u>		Horse Power Rating of Motor <u>5</u>	
Rated Pump Capacity <u>50</u>	Gallons Per Minute		Setting Depth <u>200</u> feet	
			Number of Stages: <u>24</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested <u>9-28-07</u>	Air Line	Electric Measuring Line	<u>See Log</u>
Static Water Level (A) <u>140</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B) <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____		
Drawdown [(B) - (A)] <u>20</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of _____		
Test Pumping Rate <u>50</u> Gallons Per Minute	<u>20</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 510
 Print Name of Pump Installer and License No. (if applicable)
Larry Easley
 Signature of Pump Installer