

FROM : LARRY EASLEY

FAX NO. : 7018331160

Jun. 02 2008 02:36PM P4

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 9-2-07

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-22
 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: <u>Ewing Sandifer</u> Mailing Address: <u>3079 Heucks Retreat Rd</u> <u>Wesson MS 39191</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>31 39 20</u> Longitude: <u>90 18 20</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>21</u> Twn <u>8N</u> Rng <u>9E</u> Distance <u>10</u> Miles Direction <u>E</u> Nearest Town <u>Brookhaven</u>	
Well / Borehole Data Date drilling started: <u>9-5</u> Date drilling completed: <u>9-7</u> Hole depth: <u>460'</u> Hole diameter: <u>7 7/8"</u> Location of the source of any surface water used for drilling: <u>community water line</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): No log run, Electric, <u>Gamma Ray</u> , Density, Sonic, Neutron, Other _____ Name of organization running log(s): <u>DEQ</u> Purpose of borehole (check one): Water Well, <input checked="" type="checkbox"/> 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): <u>Home</u> , Industrial, Public Supply, Irrigation, Fish Culture, Other _____ If a flowing well, method of flow regulation: Valve, Other (describe) _____ Static Water Level: <u>200'</u> feet above or below (circle one) land surface Date measured: <u>9-20-07</u> Method of Measurement (circle one): <u>steel tape</u> , electric tape, air line, other _____ Well depth: <u>350</u> feet well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Best Cement</u> , Bentonite, Mix _____ Casing length: <u>330</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>006</u> inches Setting depth: From <u>330</u> feet to <u>350</u> feet Type of completion (circle all applicable): Gravel packed, Underreamed, Telescoped, Open hole, <u>Natural Development</u> Other (describe): _____ Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page			

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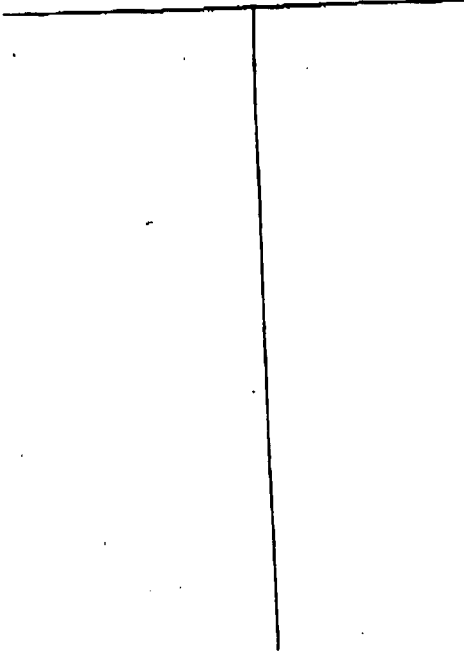
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E-22

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered		From	To
CLAY		0	300
SAND		300	310
CLAY		310	325
SAND		325	400
CLAY		400	460

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: Ewing Sandifer

Larry Easley
Signature of Water Well Contractor

FROM : LARRY EASLEY

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only

Aquifer _____

Well # E-22

Elevation _____

County Lincoln
 Permit # _____
 Installer LARRY EASLEY
 Date completed 9-21-07

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 Ewing Sandifer
 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

 1/4 _____ 1/2 Sec _____ Twn _____ Rng _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify) _____
 Date Pump Installed 9-21-07
 Rated Pump Capacity 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify) _____
 Horse Power Rating of Motor 1
 Setting Depth 280 feet
 Number of Stages 12

Pump Test Data
 Date Well Tested: 9-21-07
 Static Water Level (A) 200 Feet Below Land Surface
 Pumping Water Level (B) 240 Feet Below Land Surface
 Drawdown ((B) - (A)) 40 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 Line
 Other (specify): _____
 For flowing well, measured shut in head: _____
 Well yielded 12 GPM with a drawdown of _____
40 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Larry Easley 510 Larry Easley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer