

Jun 02 2008 3:24PM MDEQ LAND & WATER

601-360-0535

P. 2

County: LINCOLN
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 3-11-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-3210
 (601)360-0535 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F-76
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>BROOKHAVEN HOMES</u> Mailing Address: <u>1240 DUNCAN TRAIL</u> <u>BROOKHAVEN MISS 39601</u> <small>City State Zip Code</small> Telephone No. <u>(601) 933-3331</u>	Latitude: <u>31.34.16</u> - Longitude: <u>90.33.41</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> x <u>SW</u> x Sec <u>13</u> Twp <u>7N</u> Rng <u>E</u> Distance: <u>4</u> Miles Direction: <u>West</u> of Nearest Town: <u>BROOKHAVEN</u>
Well / Borehole Data	
Date drilling started: <u>3-11-09</u> Date drilling completed: <u>3-11-09</u> Hole depth: <u>100</u> Hole diameter: <u>17-8</u> Location of the source of any surface water used for drilling: <u>WELL WATER</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL PER 3000 GAT</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>3-11-09</u> Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat <u>Cement</u> Bentonite Mixture Casing length: <u>60</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>11"</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>0/10</u> inches Setting depth: From <u>60</u> feet to <u>80</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 <i>If telescoped or more than one screen, describe an alternate</i>	

Form: OLWR-SWR-1A

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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

County: Lincoln
 Permit #: _____
 Installer: LARRY E ASLEY
 Date completed: 3-11-09
 Copy Instructions from Section Part 1

For Office Use Only:
 Aquifer: _____
 Well #: F-76
 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
 Owner Name: BROOKHAVEN HOMES
 Mailing Address: 1240 DUACON TR
BROOKHAVEN MISS 39601
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 13-7N-6E
 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: 3-11-09
 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: 1/2
 Setting Depth: 00 feet
 Number of Stages: 9

Pump Test Data
 Date Well Tested: 3-11-09
 Static Water Level (A): 40 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown (D) (A): 0 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: _____ feet
 Well yields 12 GPM with a drawdown of
0 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY E ASLEY 510
 Print Name of Pump Installer and License No. (if applicable)
Larry Easley
 Signature of Pump Installer
 Form: OLWR-SWR-16

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 BY OLWF