

County: Lincoln
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 4-3-06

**State Well Report
 Part 1 - 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 #: G-476
 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>Michael Smith</u> | Latitude: <u>31° 32' 35"</u> Longitude: <u>90° 29' 16"</u> |
| Mailing Address: <u>765 Denton Tal</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Brookhaven MS 39601</u> City State Zip Code | NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>27</u> Twn <u>7N</u> Rng <u>7E</u> |
| Telephone No. (): _____ | Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Brookhaven</u> |

Well / Borehole Data

Date drilling started: 4-2 Date drilling completed: 4-3 Hole depth: 200' 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: 1 gallon for every 3000 gal

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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 _____ Other (describe) _____

Static Water Level: 43 feet above or below (circle one) land surface Date measured: _____

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

Log length: 180' _____ 10' _____

Log length: 160 _____ 4 _____ PVC

Log length: 20 _____ 4 _____ PVC

Log slot size: 010 _____ 160 _____ 180

Log completion (circle all applicable): _____

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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)

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 4-3-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-476
 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>Michael Smith</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ | Method of Lat/Long (check one): Conventional Survey _____ |
| _____ | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| _____ | _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. (____) _____ | _____ Miles _____ of _____ |

| 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>1/2</u> |
| Date Pump Installed: <u>4-3-06</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>9</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>4-3-06</u> | Air Line _____ Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>43</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | <u>17</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.

Brian Easley 0-539
 Print Name of Pump Installer and License No. (if applicable)

Brian Easley
 Signature of Pump Installer

Form: OLWR-SWR-1B

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