

County: Lincoln
 Permit #: _____
 Driller: LARRY EASTLEY
 Date drilling completed: 10-30-06

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-492
 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>Kevin Laird</u>	Latitude: <u>31° 34' 29"</u> Longitude: <u>90° 27' 51"</u>
Mailing Address: <u>304 Diana St</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven MS 39601</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 23</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: 10-30 Date drilling completed: 10-30 Hole depth: 160 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 gal to every 3000

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: 60 feet above or below (circle one) land surface Date measured: 10-30-06

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 130 feet to 150 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
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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

County Lincoln
 Permit # _____
 Driller LARRY EASTLEY
 Date completed 10-30-06

Aquifer _____
 Well # G-492
 Elevation _____

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>Kevin Laird</u>	Latitude _____ Longitude _____
Mailing Address _____	Method of Lat/Long (circle one): Conventional Survey _____
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS _____
Telephone No. (_____) _____	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>7N</u> Rng <u>7E</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify) _____
Other (specify) _____	Horse Power Rating of Motor <u>2</u>
Date Pump Installed <u>10-30-06</u>	Setting Depth <u>100</u> feet
Rated Pump Capacity <u>20</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested <u>10-30-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Stake Pin</u>
Static Water Level (A) <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)] <u>5</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>5</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 EASTLEY 510 Larry Eastley
Signature of Pump Installer

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