

FROM : LARRY EASLEY

FAX NO. : 7018331160

Sep. 22 2008 01:44PM P2

Jun 02 2008 3:24PM

MDEC LAND & WATER

601 360-0535

P. 2

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 8-25-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2304
 Jackson, MS 39225
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H-109
 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> Owner Name: <u>Brookhaven Homes</u> Mailing Address: <u>960 Venice Trail</u> <u>Bosque Ch: Home 39629</u> City: _____ State: _____ Zip Code: _____ Telephone No.: _____		Well or Borehole Location Latitude: <u>31.31.41</u> Longitude: <u>90.24.50</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>30</u> N <u>SE</u> 1/4 Sec. <u>32</u> Twp. <u>7N</u> Rng. <u>8E</u> Distance: <u>3</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Brookhaven</u>	
Well / Borehole Data Date drilling started: <u>8-24-08</u> Date drilling completed: <u>8-25-08</u> Hole depth: <u>220</u> Hole diameter: <u>7 7/8"</u> Location of the source of any surface water used for drilling: <u>WELL WATER</u> Method of disinfecting and volume of Chlorine used in drilling and development: <u>1 gallon for every 3000 gal</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/Chronological 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 _____ Pkba Culture _____ Other: _____ If a flowing well, method of flow regulation, Valve _____ Other (describe) _____ Static Water Level: <u>65</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Fast Cement</u> Bentonite Mix Casing length: <u>180</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>012</u> inches Setting depth: From <u>180</u> feet to <u>200</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open bore <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</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 EASLEY
 Date completed: _____
 Copy Information from Part 1 on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-109
 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>BROOKHAVEN HYNES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>960 Venice Trail</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Boguse Chittoir 39629</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	1/4 _____ 1/2 Sec _____ T _____ R _____
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>1/2</u>
Other (specify): _____	Setting Depth: <u>100</u> feet
Date Pump Installed: _____	Number of Stages: <u>9</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	<u>Steel Tape</u> <input checked="" type="checkbox"/>
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>12</u> GPM with a drawdown of
	<u>15</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

LARRY EASLEY 0-510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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