

County: Lincoln
 Permit #: _____
 Driller: LARRY EASTLEY
 Date drilling completed: 10-13-06

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 #: L-83
 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>Cam Fielder</u>	Latitude: <u>31° 30' 52"</u> Longitude: <u>90° 30' 51"</u>
Mailing Address: <u>541 Auburn Drive</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad. Hand-held GPS. Survey-grade GPS
<u>Brookhaven MS 39601</u>	NW ¼ SE ¼ Sec <u>4</u> Twn <u>6N</u> Rng <u>7E</u>
City State Zip Code	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Brookhaven</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 10-13 Date drilling completed: 10-14 Hole depth: 280 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: 140 feet above or below (circle one) land surface Date measured: 10-14

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

Well depth: 260 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0/10 inches Setting depth: From 240 feet to 260 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*

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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 # L-83

Elevation _____

County Lincoln
 Permit # _____
 Driller LARRY EASLEY
 Date completed 10-13

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 Cam Fielder
 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 GPS
 _____ 1/4 _____ 1/4 Sec 4 Twn 6N Rng 7E
 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 10-13-06
 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 180 feet
 Number of Stages: 12

Pump Test Data

Date Well Tested 10-1
 Static Water Level (A) 140 Feet Below Land Surface
 Pumping Water Level (B) 150 Feet Below Land Surface
 Drawdown [(B) - (A)] 10 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 Van Log
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 12 GPM with a drawdown of
10 feet after 4 hours of pumping

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

LARRY EASLEY SIC
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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