

County: LINCOLN Co  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date drilling completed: 3-7-09

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)360-0535 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-178  
 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)*

Owner Name: DAVE BARNETT  
 Mailing Address: 845 BROOKWAY BLVD  
BROOKHAVEN MISS 39601  
 City State Zip Code  
 Telephone No: 601 833 9124

**Well or Borehole Location**

Latitude: 31.27.19 Longitude: 90.24.02  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 NW 1/4 5C Sec 28 Twp 6N Rng 8E  
 Distance: 3 Miles Direction EAST of Nearest Town BROOKHAVEN MISS

**Well / Borehole Data**

Date drilling started: 3-7-09 Date drilling completed: 3-7-09 Hole depth: 180 Hole diameter: 7-7/8  
 Location of the source of any surface water used for drilling: WELL WATER  
 Method of dosing and volume of Chlorine used in drilling and development: 1 GAL EVERY 300 GALS  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sunk Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Scientific 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 \_\_\_\_\_ Paddy Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 56 feet above or below (circle one) land surface Date measured: 3-7-09  
 Method of Measurement (circle one) Steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 165 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mixture  
 Casing length: 145 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 145 feet to 165 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 less than 10 feet or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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601-360-0535

p. 4

### STATE WELL REPORT Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources

County: LINCOLN CO  
Parcel #: \_\_\_\_\_  
Driller: LARRY EASLEY  
Date completed: 3/7/09  
*Copy Information from Part 1 on Part 1*

For O&B Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-178  
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: PAUL BARNETT  
Mailing Address: 845 BROOKWAY BVD  
BROOKHAVEN MS 39601  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

Well Location  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Levelling (check one): Conventional Survey \_\_\_\_\_  
USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 28 T 6 N R 8 E  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town: BROOKHAVEN MS  
3 Miles EAST of \_\_\_\_\_

Pump Type  
Circle one  
 Air Lift  
 Bucket  
 Centrifugal  
 Other (specify): \_\_\_\_\_  
Date Pump Installed: 3-7-09  
Rated Pump Capacity: 80 Gallons Per Minute

Power Type  
Circle one  
 Diesel Engine  
 Electric Motor  
 Windmill  
 Other (specify): NO PUMP  
 Quantize Engine  
 Hand  
 Natural Gas  
 Tractor PTO  
Horse Power Rating of Motor: \_\_\_\_\_  
Soring Depth: \_\_\_\_\_ feet  
Number of Stages: \_\_\_\_\_

Pump Test Data  
Date Well Tested: 3-7-09  
Static Water Level (A): 56 Feet (Below) Land Surface  
Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown (B) - (A): \_\_\_\_\_ Feet Below Land Surface  
Test Pumping Rate: 80 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): NO PUMP  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded 80 GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
LARRY EASLEY 510  
Print Name of Pump Installer and License No. (if applicable)  
Larry Easley  
Signature of Pump Installer  
Form: OLWR 3/26/08

APR 06 2009  
BY: OLWE