

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 #: C-44
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date drilling completed: 9-20-07

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>Steve Lawrence</u> | Latitude: <u>34° 58' 31"</u> Longitude: <u>89° 25' 12"</u> |
| Mailing Address: <u>50 N. First Street</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Memphis</u> <u>Tn.</u> <u>38103</u> | <u>1NW 1/4NW 1/4 Sec 28 Twn 15 Rng 2W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Slayden</u> |
| Telephone No. <u>(901) 277-5882</u> | |

Well / Borehole Data

Date drilling started: 9-20-07 Date drilling completed: 9-20-07 Hole depth: 160' Hole diameter: 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: 1/2 Rd Chlorine to 1000 Gal. Water

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: Shop

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 120 feet above or (below) (circle one) land surface Date measured: 9-20-07

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

Well depth: 160' Well grouted to a depth of 10 feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 150 feet to 160 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*

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 #: C-44

Elevation: _____

County: Marshall

Permit #: 0-162

Driller: Larry Carpenter

Date completed: 9-20-07

Copy information from block on Part 1

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: Steve Lawrence

Mailing Address: 50 N. First Street

Merphers La. 38103
 City State Zip Code

Telephone No. (901) 277-5882

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec 28 T 15 R 2W

Distance Direction Nearest Town

2 Miles NE of Slayden

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-20-07

Rated Pump Capacity: 10 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: 3/4

Setting Depth: 140 feet

Number of Stages: 11

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Pump Test Data

Date Well Tested: 9-20-07

Static Water Level (A): 120 Feet Below Land Surface

Pumping Water Level (B): 124 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 15 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): _____

For flowing well, measured shut in head: _____ feet

Well yielded 15 GPM with a drawdown of

4 feet after 4 hours of pumping

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

LARRY CARPENTER 0-162
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter
 Signature of Pump Installer