

County: Marshall  
 Permit #: 0-162  
 Driller: Long Carpenter  
 Date drilling completed: 10-30-06

**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 #: E-164  
 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 of borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jason Astern</u>	Latitude: <u>34.55.40</u> Longitude: <u>89.39.43</u>
Mailing Address: <u>755 Salmon Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs</u> <u>Tn.</u> <u>38655</u> City State Zip Code	SW <u>1/4</u> NE <u>1/4</u> Sec. <u>7</u> Twp. <u>25</u> Rng. <u>4W</u>
Telephone No. <u>908</u> <u>461-9361</u>	Distance: <u>1 1/2</u> Miles <u>South</u> of <u>Pythelia</u>

**Well / Borehole Data**

Date drilling started: 10-30-06 Date drilling completed: 10-30-06 Hole depth: 110' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of casing and volume of Chlorine used in drilling and development: Well Water  
1/2 P.O. 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 \_\_\_\_\_

Scientific Survey \_\_\_\_\_ Other (describe): \_\_\_\_\_

*If drilling is not related to water well construction, ship 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: 30' feet above or below (circle one) land surface Date measured: 10-31-06

Method of measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_

Well depth: 110' Well grouted to a depth of 10 feet Type of grout (circle one): Heat Cement Bentonite Mix

Casing length: 100 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 100 feet to 110 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.*

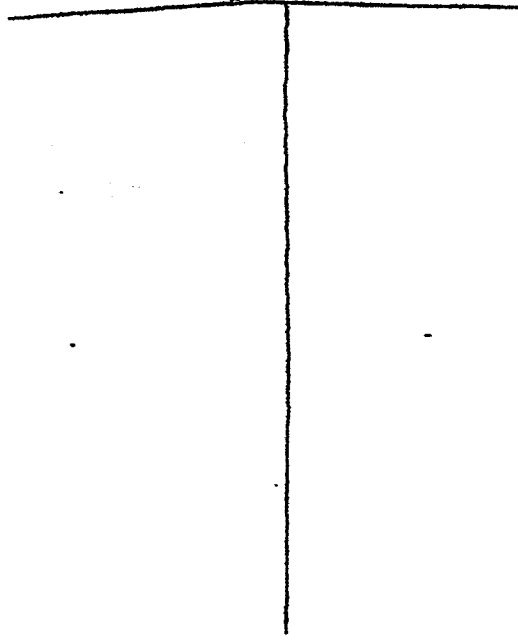
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The sketch below may require two water wells

If well tolerances show depths on sketch

Ground Level       

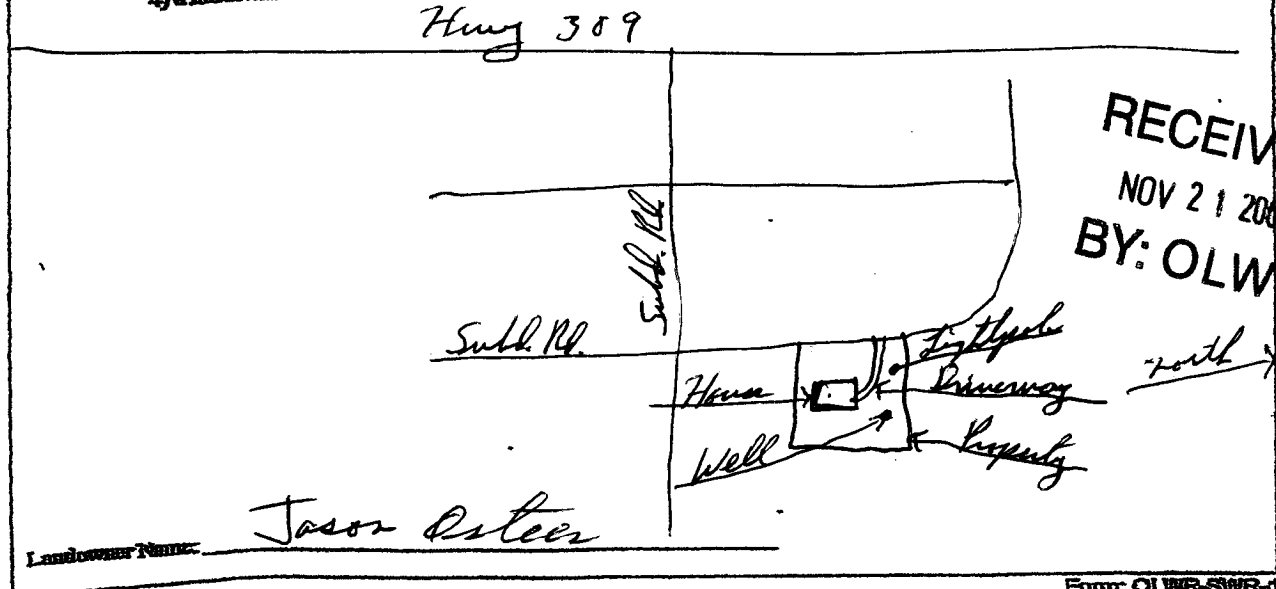


Description of Formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	1.8
Red Red Soil	1.8	4.4
White Clay	4.4	6.8
White Loose Soil	6.8	11.0

If more than one system, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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Form OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

LARRY CARPENTER 0-162  
Print Name of Responsible Licensee and License No.

10-31-06  
Date

Larry Carpenter  
Signature of Licensee

# 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 #: E-164

Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 10-31-06  
 Copy Information from Section 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	Well Location
Owner Name: <u>Jason Oster</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>755 Sabn Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs Ms. 38635</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec 7 T 25 R 4W</u>
Telephone No. <u>901 461-9361</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles South of Byhalia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-31-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-31-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>34</u> Feet Below Land Surface	For flowing well, measured slat in head: _____ feet
Drawdown (B)-(A): <u>4</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>4</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 CARPENTER 0-162 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer