

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 #: E 238
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date drilling completed: 5-19-09

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>Suzanne Moore</u> | Latitude: <u>34° 52' 21"</u> Longitude: <u>89° 34' 59"</u> |
| Mailing Address: <u>76 Wernie Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Red Bank, Ms 38661</u> | <u>NE 1/4 NE 1/4 Sec 35 Tw 25 Rng 4 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 387-8756</u> | <u>2 1/2 Miles NW of Red Bank.</u> |

Well / Borehole Data

Date drilling started: 5-19-09 Date drilling completed: 5-19-09 Hole depth: 120' 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 gal 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: _____

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-19-09

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 110 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 110 feet to 120 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**

RECEIVED

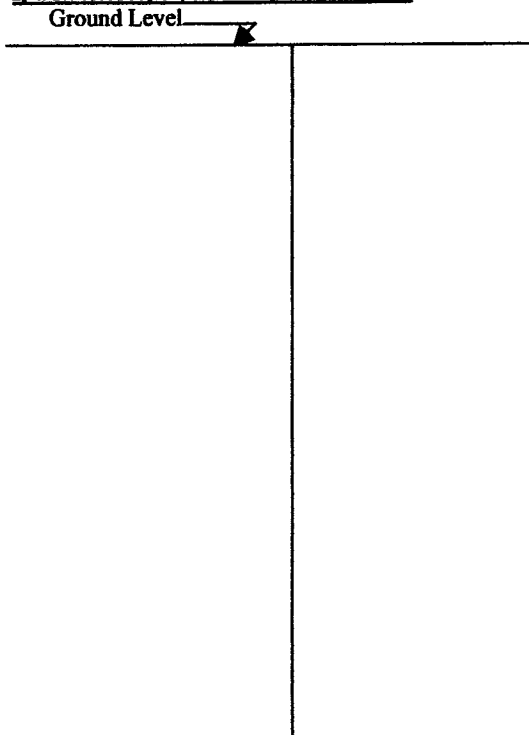
Form: OLWR-SWR-1A

BY: OLWR

The sketch below only required for water wells

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

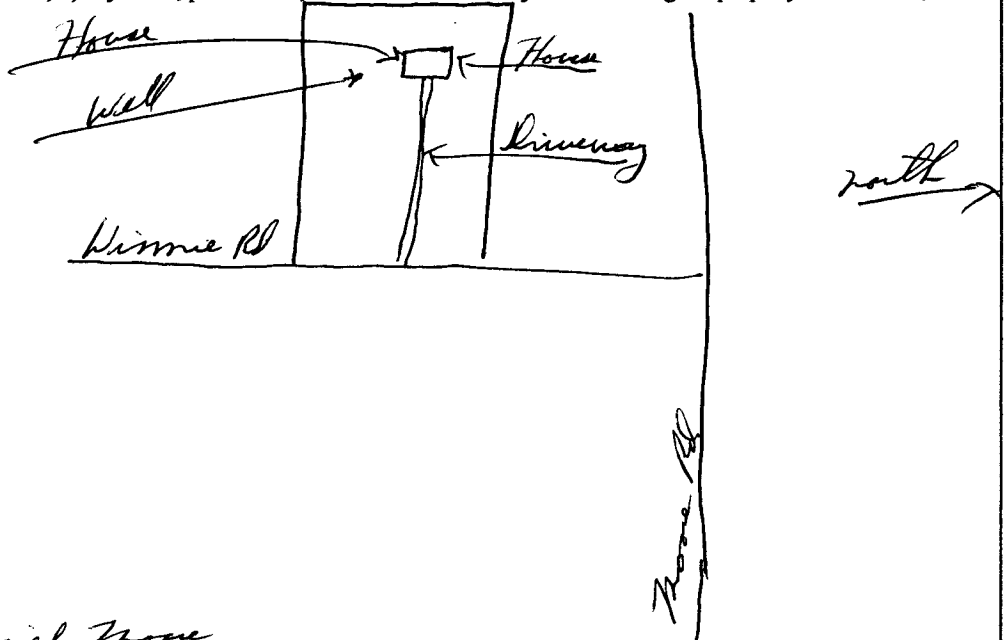
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Surface Soil | 0 | 19 |
| Med. Red. Sand | 19 | 44 |
| Med. White Sand | 44 | 65 |
| White Clay | 65 | 85 |
| White Coarse Sand | 85 | 120 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If more than one screen, 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.



Landowner Name: Samuel Moore

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 5-21-09

Print Name of Responsible Licensee and License No. Date

Larry Carpenter

Signature of Licensee

RECEIVED

JUN 12 2009

BY: OLWR

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)

County: Marshall
 Permit #: 6-162
 Driller: Larry Carpenter
 Date completed: 5-20-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E 238
 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>Savoniel Moore</u> | Latitude: <u>34° 52' 31"</u> Longitude: <u>89° 34' 59"</u> |
| Mailing Address: <u>76 Winnie Rd</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/> |
| <u>Rel Baske</u> <u>Ms.</u> <u>38661</u> | <u>NE 1/4 NE 1/4 Sec 35 T25 R 4W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 387-8756</u> | <u>2 1/2</u> Miles <u>NW</u> of <u>Rel Baske</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>5-20-09</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>5-20-09</u> | Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/> |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>74</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface | Well yielded <u>17</u> GPM with a drawdown of |
| Test Pumping Rate: <u>17</u> Gallons Per Minute | <u>6</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 6-162 Larry Carpenter
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 12 2009
 BY: OLWF