

County: Marshall
 Permit #: ~~16389~~ 16389
 Driller: Larry Cooper
 Date drilling completed: 4-18-07

**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 #: F-134
 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)	Well or Borehole Location
Owner Name: <u>Frederick W. Smith</u>	Latitude: <u>34° 52' 57"</u> Longitude: <u>89° 28' 09"</u>
Mailing Address: <u>1805 Atung Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs</u> City <u>Ms.</u> State <u>38635</u> Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec. <u>25</u> Twn <u>025</u> Rng <u>03W</u>
Telephone No. <u>901, 299-8980</u>	Distance <u>4 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Stapler</u>

Well / Borehole Data

Date drilling started: 4-18-07 Date drilling completed: 4-18-07 Hole depth: 165' Hole diameter: 10"

Location of the source of any surface water used for drilling: Well Water

Method of casing and volume of Casing used in drilling and development: 1 lb 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: Livestock

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

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 4-20-07

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 Mix _____

Casing length: 85 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 85 feet to 165 feet

Type of completion (circle all applicable): Gravel packed Underrammed Telescoped Open hole Natural Development

Other (describe): _____

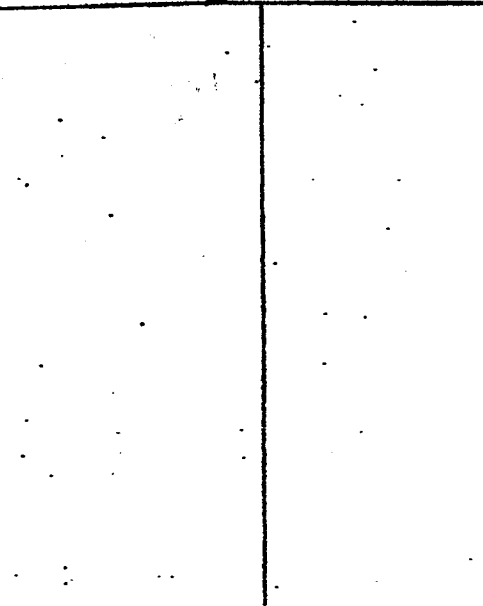
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

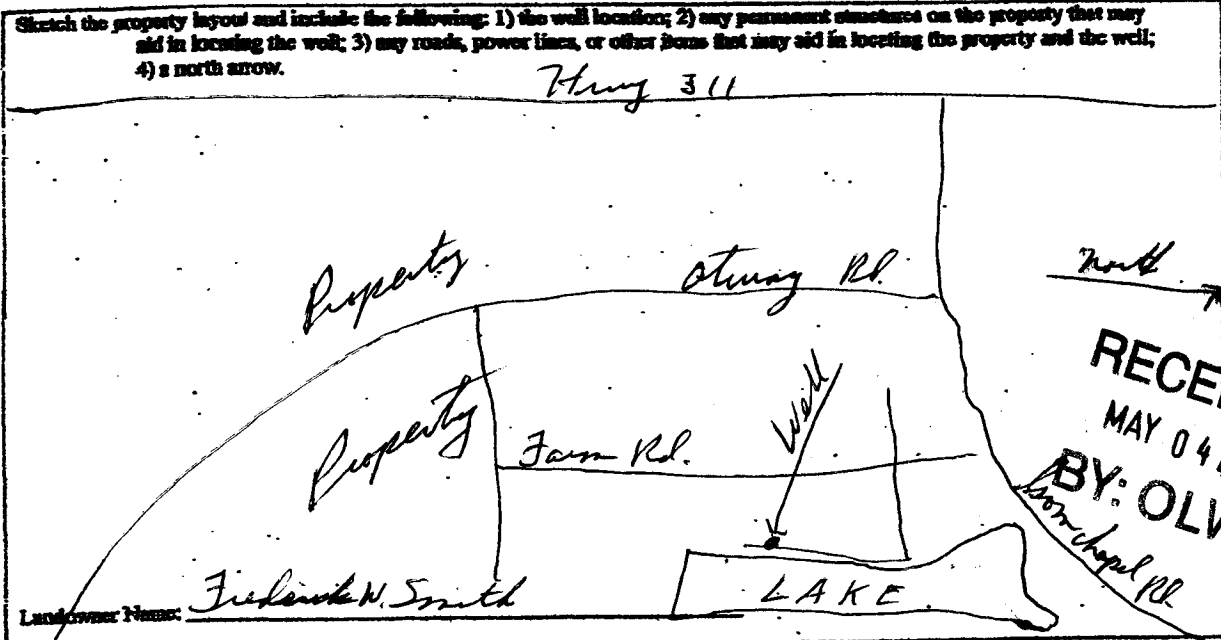
If well telephones, show depths on sketch
Ground Level



Description of formations encountered must be provided for all wells and formations below specifically contacted by casing/liner

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Surface Soil	0	18
Med Red Sand & White Sand	18	41
White med sand-	41	46
White clay	46	71
White coarse sand	71	165

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



Form: OLWR-SWR-1A

I certify that the well/casings 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 6-162 4-21-07 Larry Carpenter

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Booth Chapel Rd

STATE WELL REPORT

Part 2

Pump Installer's Completed Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6934 (fax)

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 4-20-07
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-134
 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>Frederick W. Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1805 Atway Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Holly Springs, MS 38635</u>	<u>SE 1/4 NW 1/4 Sec 25 T 025 R 03W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(901) 299-8980</u>	<u>4 1/2 Miles SW of Sloyden</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-20-07</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>3</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>69</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>11</u> Feet Below Land Surface	Well yielded <u>350</u> GPM with a drawdown of
Test Pumping Rate: <u>350</u> Gallons Per Minute	<u>11</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</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

Form: OLWR-SWR-1B