

**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)

County: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date drilling completed: 5-31-06

For Office Use Only:

Aquifer: _____
Well #: G-98
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Harsh Thomas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>322 Hwy 4 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs</u> <u>Ms.</u> <u>38635</u>	_____ 1/4 _____ 1/4 Sec. <u>20</u> Twn <u>25</u> Rng <u>2 W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 252-3931</u>	<u>3 1/4</u> Miles <u>South</u> of <u>Slayden</u>

Well / Borehole Data

Date drilling started: 5-31-06 Date drilling completed: 5-31-06 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 Pt 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: 110' feet above or below (circle one) land surface Date measured: 5-31-06

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: .017 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*

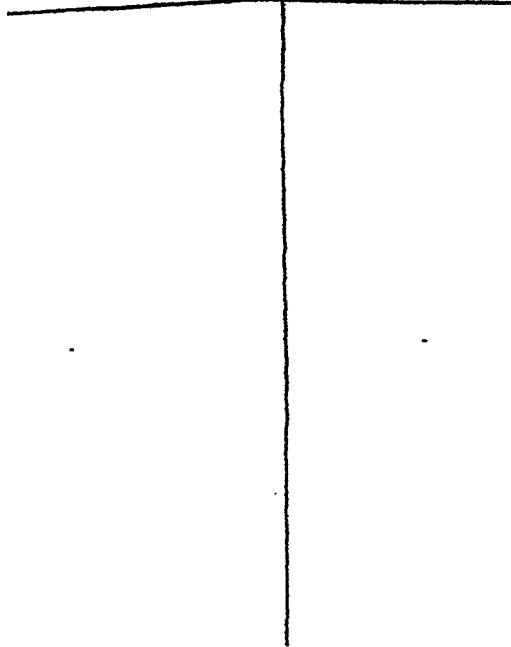
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G-98

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level ——— EL

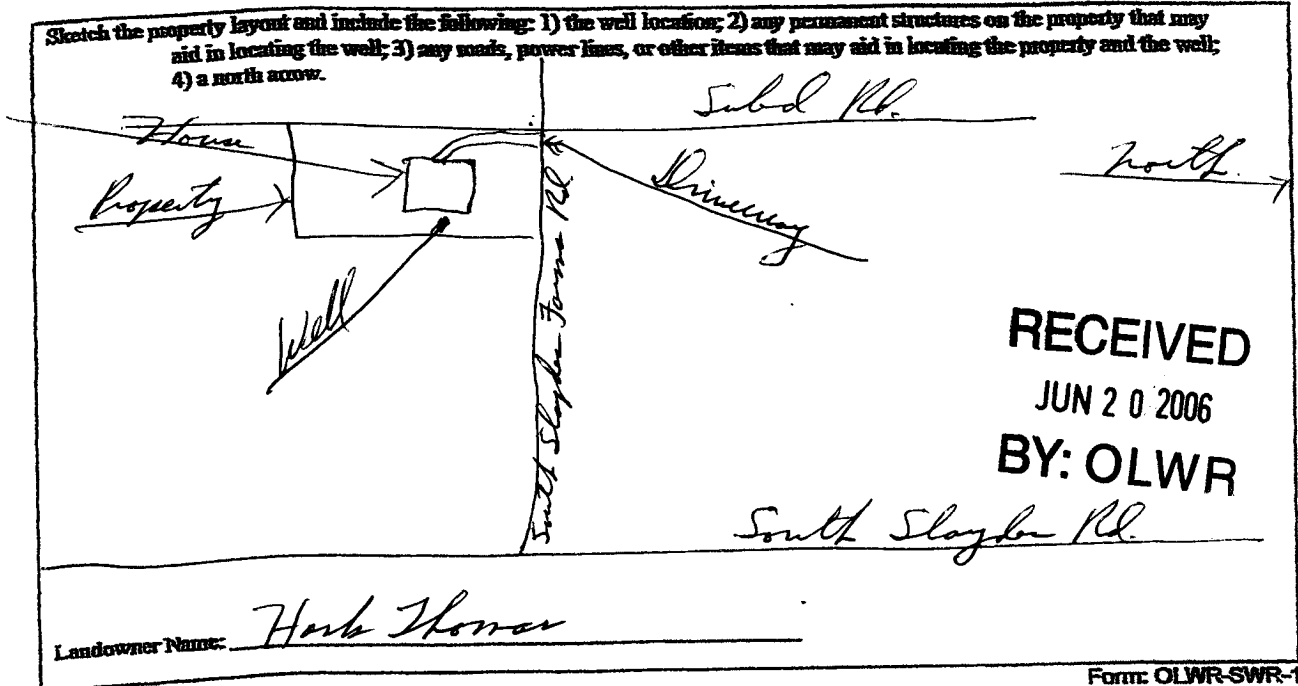


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	0	20
Med Red Soil	20	45
Med White Soil	45	80
White clay	80	110
Med White Soil	110	125
White coarse soil	125	160

If more than one sketch, 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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South Slayden Rd.

Landowner Name: Harb Thoma

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

5-31-06

Larry Carpenter

Print Name of Responsible Licensee and License No.

Date

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)

County: Misshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 5-31-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-98
 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>Frank Thomas</u> Mailing Address: <u>322 Hwy 4 West</u> <u>Holly Springs</u> <u>Ms.</u> <u>38635</u> City State Zip Code Telephone No. <u>(662) 252-3931</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 Sec. <u>26</u> T <u>25</u> R <u>2W</u> Distance Direction Nearest Town <u>3 1/2</u> Miles <u>South</u> of <u>Slayden</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-31-06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>140</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>114</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>1.5</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>1.5</u> GPM with a drawdown of <u>4</u> feet after <u>4</u> hours of pumping

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

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