

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 6-27-07

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 #: G-110
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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>Jim Brigance</u>	Latitude: <u>34° 54' 55"</u> Longitude: <u>89° 26' 30"</u>
Mailing Address: <u>P.O. Box 153</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs, MS 38635</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 18 Twn 25 Rng 2W</u>
Telephone No. <u>662-257-9377</u>	Distance Direction Nearest Town <u>2 Miles South of Slayback</u>

Well / Borehole Data

Date drilling started: 6-27-07 Date drilling completed: 6-27-07 Hole depth: 170' Hole diameter: 8"

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

Method of casing and volume of Chlorine used in drilling and development: 1/2 lb Chlorine to 1000 Gal. Water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Newton 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, strike 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: 120 feet above or below (circle one) land surface Date measured: 6-27-07

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

Well depth: 170' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 170 feet

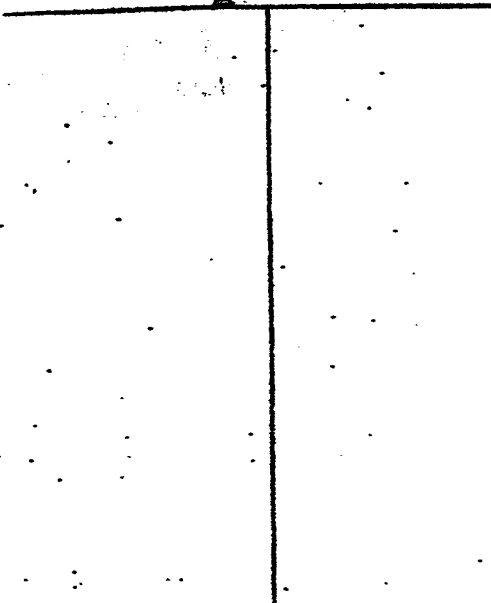
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

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

The sketch below only intended for your wells.

If well locations show directly on sketch
Ground Level

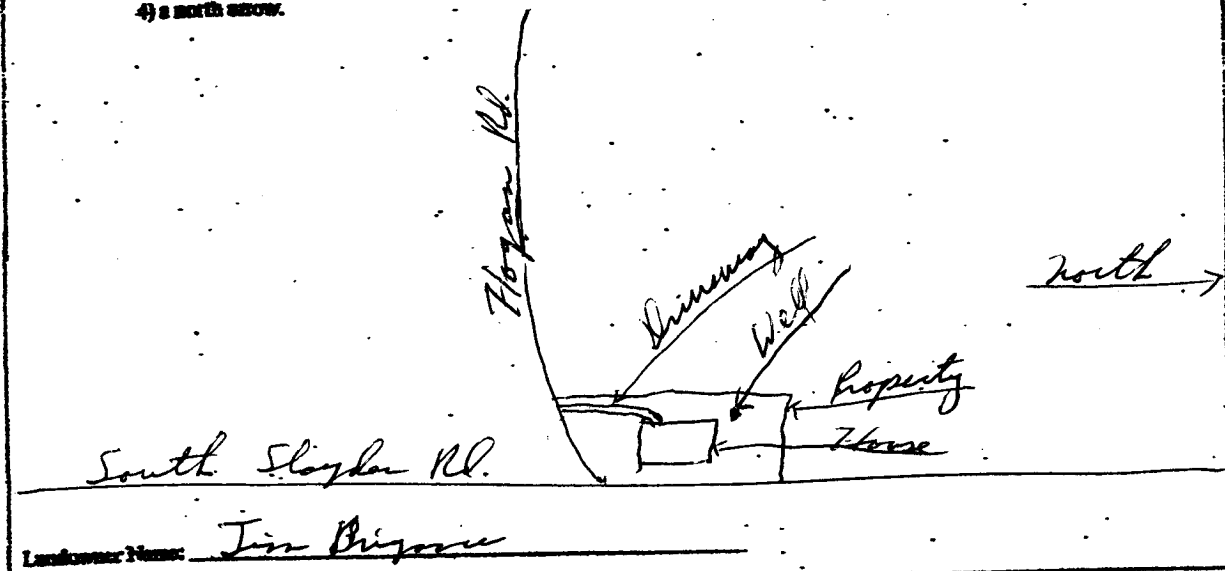


Description of formation encountered must be recorded for all wells and formations unless specifically excluded by conditions

Description of Formations Encountered	From (depth)		To (depth)	
	Ground Level			
Surface Soil	0		19	
Med Red Soil	19		45	
Med White Soil	45		74	
White Clay	74		98	
Fine White Soil	98		130	
Coarse White Soil	130		170	

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: Jim Bizone

Form: OLWR-SWR-1A

I certify that the well/catchment 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.

Print Name of Responsible Licensee and License No. LARRY CARPENTER Date 7-14-07 Signature of Licensee Larry Carpenter

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)954-6993 (fax)

County: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date completed: 6-27-07
Case Information Form blank on Part 1

For Office Use Only:

Asphalt: _____
Well #: G-110
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 20 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Jim Brizome</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 153</u>	Method of Lat/Long (check one): Conventional Survey _____ UBGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Holly Springs Ms. 38635</u>	_____ N. _____ E. Sec. <u>18</u> T. <u>25</u> R. <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252-7377</u>	<u>2 Miles South of Slayden</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"/>
Counting <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: <u>3/4</u>
Date Pump Installed: <u>6-27-07</u>	String Depth: <u>140</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>6-27-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured static in feet _____ feet
Drawdown (B)-(A): <u>4</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</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