

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 2-15-06

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 #: J-223
 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>Matthew Walls</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3518 Little Snow Creek Rd.</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>38635</u> City State Zip Code	<u>1/4</u> <u>14</u> <u>35</u> <u>4W</u> Sec. Twp. Rng.
Telephone No. <u>(901) 544-0004</u>	Distance <u>2</u> Miles <u>North</u> of <u>Holly Springs</u> Direction Nearest Town

Well / Borehole Data

Date drilling started: 2-15-06 Date drilling completed: 2-15-06 Hole depth: 180' 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 lbs. 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: 90 feet above (or below) (circle one) land surface Date measured: 2-16-06

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

Well depth: 180' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 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 170 feet to 180 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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*

Form: OLWR-SWR-1A

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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 #: 0-162
 Driller: Larry Carpenter
 Date completed: 2-16-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J- 223
 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>Matthew Walls</u> Mailing Address: <u>3518 Little Snow Creek Rd.</u> <u>Holly Springs</u> <u>Ms</u> <u>38635</u> City State Zip Code Telephone No. <u>(662) 544-0004</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>14</u> T <u>35</u> R <u>3W</u> Distance Direction Nearest Town <u>2</u> Miles <u>North</u> of <u>Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>2-16-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>125</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-16-06</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>94</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</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
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter
 Signature of Pump Installer

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 Form: OLWR-SWR-1B

MAR 07 2006

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