

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 7-26-07

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 #: K-91
 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>Wave Properties LLC</u> Mailing Address: <u>5358 Alpha</u> <u>Coldwater</u> <u>MS</u> <u>38618</u> <small>City State Zip Code</small> Telephone No. <u>(662) 233-1052</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>33</u> <u>35</u> <u>3N</u> <small>1/4 Sec Twp Rng</small> Distance <u>1/2</u> Miles <u>West</u> of <u>Net Pleasant</u> <small>Direction Nearest Town</small>
Well / Borehole Data	
Date drilling started: <u>7-26-07</u> Date drilling completed: <u>7-26-07</u> Hole depth: <u>140'</u> Hole diameter: <u>8"</u> Location of the source of any surface water used for drilling: <u>Well Water</u> Method of casing and volume of Chlorine used in drilling and development: <u>1/2 lb Chlorine to 1000 Gal Water</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <small>If drilling is not related to water well construction, skip the remainder of this block</small> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Dollar Store</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: <u>7-26-07</u> Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>140'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>10/3</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <u>If telescoped or more than one screen, describe on next page</u>	

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)354-6595 (fax)

County: Marshall
 Permit #: 0-162
 Installer: Larry Carpenter
 Date completed: 7-26-07
 Case Information Form block on Part 1

For Office Use Only:

Appl#:
 Well #: K-91
 Elevator:

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 of the above address within 20 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Wade Properties, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5358 Alpha</u>	Method of Lat/Long (check one): Conventional Survey _____
	UBGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Collector: <u>Ma</u> No. <u>38418</u>	_____ N. _____ E. Sec. <u>33</u> T. <u>15</u> R. <u>3W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(662) 233-1052</u>	<u>1/2</u> Miles <u>West</u> of <u>W. Pleasant</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" 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 checked="" 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): _____	Brake Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-26-07</u>	String Depth: <u>110</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>7-26-07</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <u>Steel Tape</u> : <input checked="" type="checkbox"/>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured static in feet: _____ feet
Drawdown (B)-(A): <u>5</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>5</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

Form OLWR-SWR-1B