County: Marshall

Permit #:

Driller: James W. Mason

Date drilling completed: 4-25-08

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 #: N-96

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)

Owner Name: Othel Faulkner

Mailing Address: 4428 Smith Grove Rd.

Holly Springs MS 38635
City State Zip Code

Telephone No. (662) 564-3507

Well or Borehole Location

Latitude: 34° 43' 036" Longitude: 89° 35' 434"
02 26

Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS

NE ¼ SW ¼ Sec 23 Twn 4S Rng 4W
SE

Distance 1/2 Miles Direction E of Nearest Town Marionna

Well / Borehole Data

Date drilling started: 4-25-08 Date drilling completed: 4-25-08 Hole depth: 185' Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): NA

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 NA Other (describe)

Static Water Level: 134 feet above or (below) (circle one) land surface Date measured: 5-5-08

Method of Measurement (circle one) steel tape electric tape air line other: String [weight]

Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 175 feet to 185 feet

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

Other (describe): NA

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

Form: OLWR-SWR-1A

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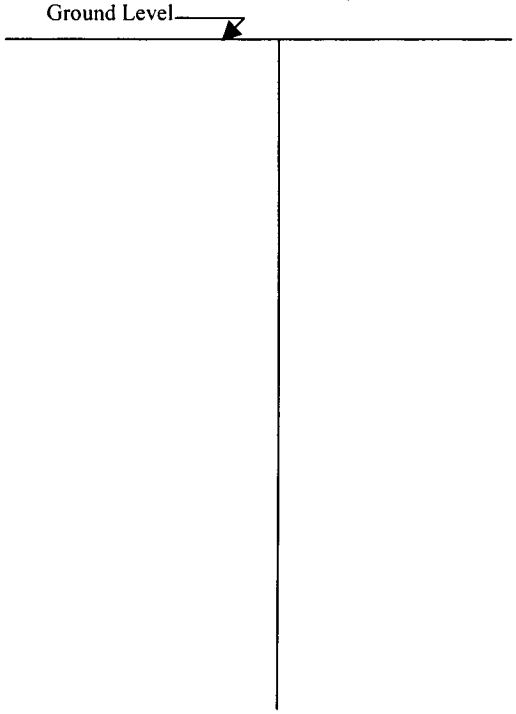
N- 96

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

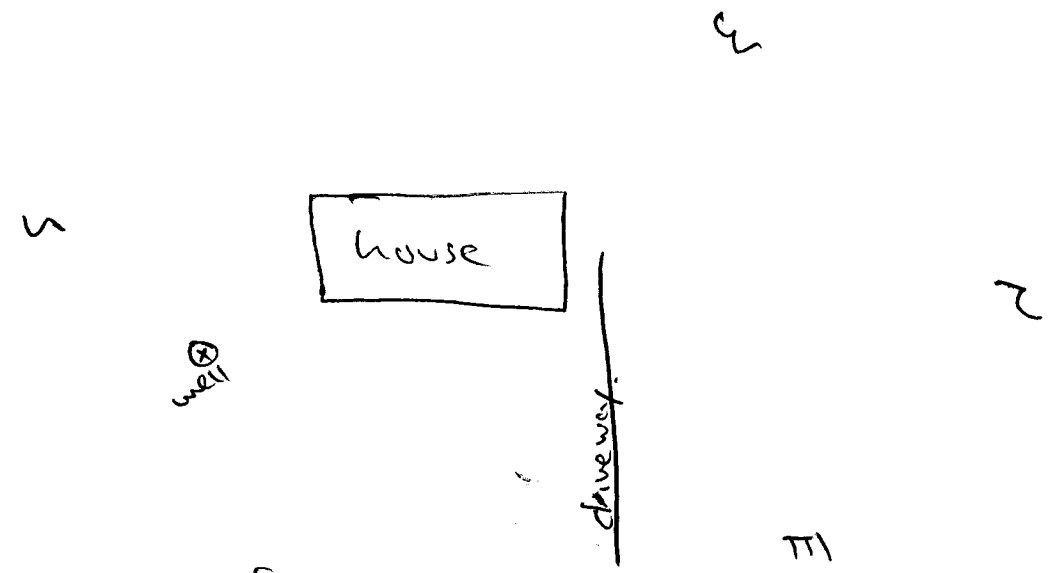


If more than one screen, show location of each on sketch

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)
clay dirt.	Ground Level	10
red sand	10	45
white sand	45	100
white clay	100	135
white sand.	135	185

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: Othel Faulkner

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.

James W. Mason 0-620	5-21-08	James W. Mason
Print Name of Responsible Licensee and License No.	**Date**	**Signature of Licensee**

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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 #:
Driller: James W. Mason
Date completed: 5-5-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: N-96
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

Owner Name: Othel Faulkner
Mailing Address: 4428 Smith Grove rd
Holly Springs (City) MS (State) 38635 (Zip Code)
Telephone No. (662) [redacted]-564-3507

Well Location

Latitude: 34.43.036 Longitude: 89.35.434
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS ✓, Survey-grade GPS___
NE ¼ SW ¼ Sec 23 T 4S R 4W
Distance: 1/2 Miles Direction: E of Nearest Town: Morionna

Pump Type (Circle one)

Air Lift | Jet | (Submersible) | Bucket | Piston | Turbine | Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 5-5-08
Rated Pump Capacity: 10 Gallons Per Minute

Power Type (Circle one)

Diesel Engine | Gasoline Engine | Natural Gas | (Electric Motor) | Hand | Tractor PTO | Windmill | Other (specify):
Horse Power Rating of Motor: 3/4
Setting Depth: 160 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 5-5-08
Static Water Level (A): 134 Feet Below Land Surface
Pumping Water Level (B): NA Feet Below Land Surface
Drawdown [(B) – (A)]: NA Feet Below Land Surface
Test Pumping Rate: 10 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level (Circle one)

Air Line | Electric Measuring Line | Steel Tape
Other (specify): string (weight
For flowing well, measured shut in head: NA feet
Well yielded 10 GPM with a drawdown of NA feet after 24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

James W. Mason 0620
Print Name of Pump Installer and License No. (if applicable)

James W. Mason
Signature of Pump Installer

Form: OLWR-SWR-1B

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