

MAR-23-05 07:53

FROM-LAND & WATER

801-254-0938

T-087

P-01

F-165

County: Marshall
 Permit #: _____
 Driller: Frost
 Date drilling completed: 4-4-08

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 #: T-32
 L. S. Elevation: _____
 E-log is: _____

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: Dennis Hains
 Mailing Address: 1227 Rebel Road 306
Waterford, MS
 City State Zip Code _____
 Telephone No. () _____

Well or Borehole Location
 Latitude: 34° 36' .00 " Longitude: 89° 27' .33 "
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec. 31 Twp 5S Rng 2W
 Distance 3 Miles Direction S of Nearest Town Waterford

Well / Borehole Data
 Date drilling started: 4/1/08 Date drilling completed: 4/1/08 Hole depth: 145' Hole diameter: 4"
 Location of the source of any surface water used for drilling: None
 Method of dosing and volume of Chlorine used in drilling and development: None
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonar 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: 4/7/08
 Method of Measurement (circle one) steel tape electric tape air line other: PVC Pipe
 Well depth: 145 feet Wall grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Benionit Mix
 Casing length: 135 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 135 feet to 145 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 an next case*

Form: OLWR-SWR-1A

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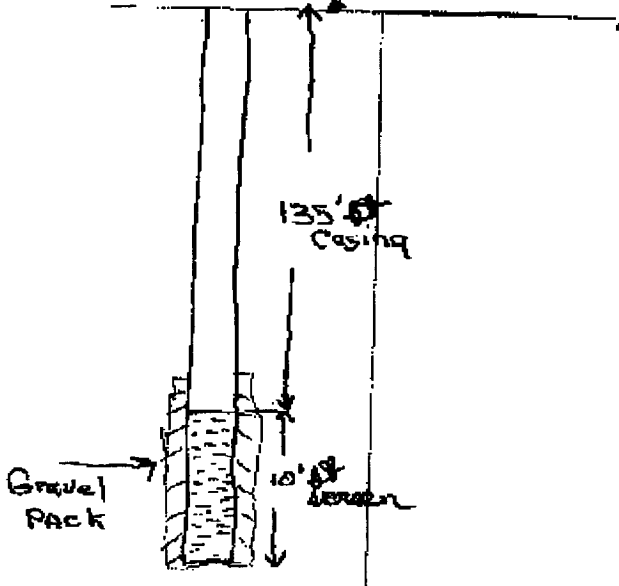
801-354-8938

T-097 P.02 F-155

T-32

The sketch below only required for water wells.

If well casing shown, 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) Ground Level	To (depth)
Clay	22	22
Red Sand	22	30
White Sand	30	95
Sand & Clay	95	115
Clay	115	120
Sand	120	145

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: _____

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.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee: *Bernard Frost*

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T-897

P-89

F-155

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
 Telephone: (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Applicant:

Well #:

Elevation:

County: Marshall
 Permit #: _____
 Driller: Frost
 Date completed: 4/7/08
 Copy information from blank on Part 1

Applicant: _____
 Well #: T-32
 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>Dennis Stains</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1287 Robert Jordan</u> <u>Waterford, MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>31</u> T <u>55</u> R <u>2 W</u>
Telephone No. () _____	Distance: <u>3</u> Miles Direction: <u>S</u> of Nearest Town: <u>Waterford</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jer: _____ <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4/7/08</u>	Sitting Depth: <u>135</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/7/08</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tapu: _____
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable): _____ Signature of Pump Installer: Benford Frost

Form: OLWR-SWR-16

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