

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 #: V-30
L. S. Elevation: _____
R-log #: _____

County: Marshall
Permit #: _____
Driller: Frost Systems
Date drilling completed: 8/3/06

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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Stella Knight</u> Mailing Address: <u>3322 Sams Hill Rd</u> <u>Holly Springs, MS</u> City State Zip Code Telephone No. () _____ | | Well or Borehole Location Latitude: <u>34° 35' 21"</u> Longitude: <u>89° 34' 23"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 1 Twp 6S Rng 4W</u> Distance <u>1/4</u> Miles <u>N</u> of <u>HWY 310</u> |
|---|--|---|

Well / Borehole Data

Date drilling started: 8/3 Date drilling completed: 8/3 Hole depth: 235 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: Hand

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: 8/15/06

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

Well depth: 235 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 225 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 225 feet to 235 feet

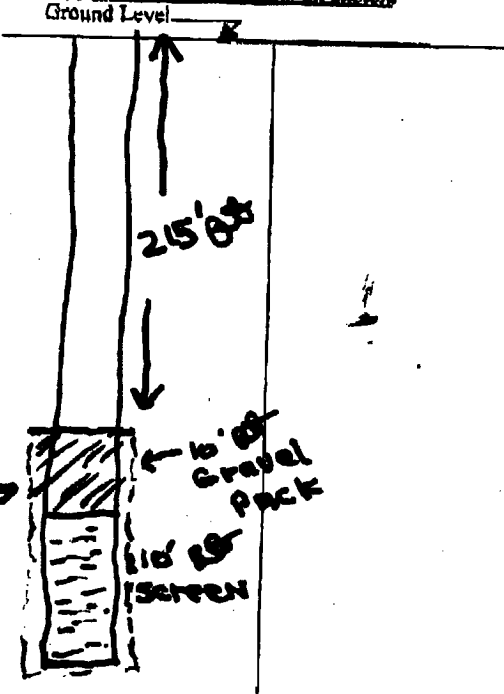
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

V-30

The sketch below only required for water wells

If well telescopes, show depths on sketch.



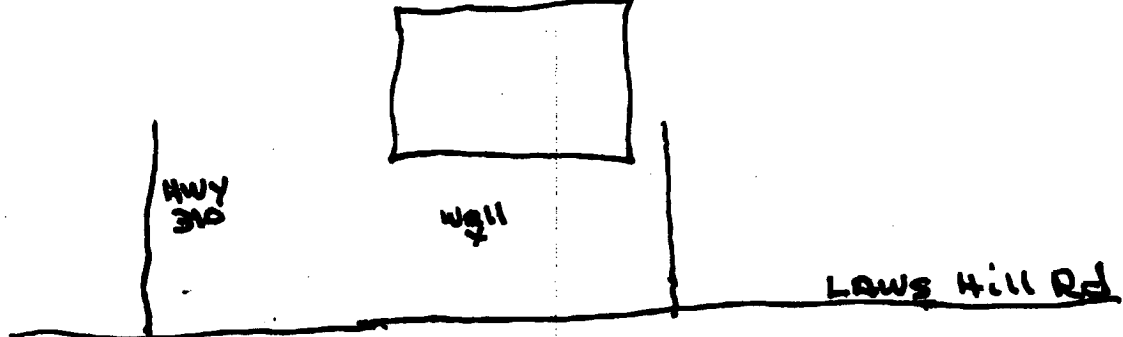
If more than one screen, show location of each on sketch

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 | 0 | 20 |
| Sand | 20 | 180 |
| Clay | 180 | 195 |
| Sand | 195 | 235 |
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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.

3322 LAWS Hill Rd
(Brick House)



Landowner Name: Stella Knight

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.

Bernard Frost 0-217 8-10-06
Print Name of Responsible Licensee and License No. Date

Bernard Frost
Signature of Licensee

Form: OLWR-SWR-1A

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)

For Office Use Only:

Aquifer: _____
 Well #: V-30
 Elevation: _____

County: Marshall
 Permit #: _____
 Driller: Frost Systems
 Date completed: 8/5/06
Copy information from blank on Part 1

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>Stella Knight</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>3322 Laurel Road</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Holly Springs MS</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | <u>1/4</u> <u>1</u> <u>1</u> <u>T 6S R 4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>1/4</u> Miles <u>N</u> of <u>HWY 310</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: <u>8/5/06</u> | Setting Depth: _____ feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>190</u> Feet Below Land Surface | Other (specify): <u>PVC Pipe</u> |
| Pumping Water Level (B): <u>220</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded <u>12</u> 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.

Bernard Frost 0-217 Bernard Frost
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer