

County: PANOLA  
 Permit #: \_\_\_\_\_  
 Driller: LIPE WELL  
 Date drilling completed: 8/6/07

**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 #: V-69  
 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>ED MORROW</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>382 WELLS ST.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COURTLAND, MS, 38620</u> City State Zip Code	SW 1/4 NW 1/4 Sec <u>4</u> Twn <u>10 S</u> Rng <u>7E</u>
Telephone No. <u>(662) 563-4910</u>	Distance _____ Miles of _____ Direction _____ Nearest Town <u>IN COURTLAND</u>

**Well / Borehole Data**

Date drilling started: 8/3/07 Date drilling completed: 8/6/07 Hole depth: 145' Hole diameter: 8"

Location of the source of any surface water used for drilling: Lake on Property

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm Chlorine

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: 80 feet above or below (circle one) land surface Date measured: 8/6/07

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

Well depth: 145 Well grouted to a depth of 80 feet Type of grout (circle one): Neat Cement Bentonite 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 wire wrap

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): \_\_\_\_\_

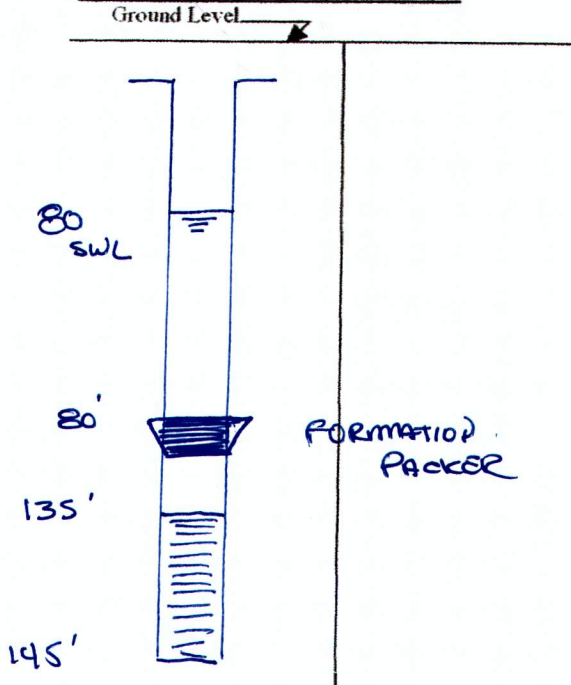
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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**BY: OLWR**

V-69

The sketch below only required for water wells

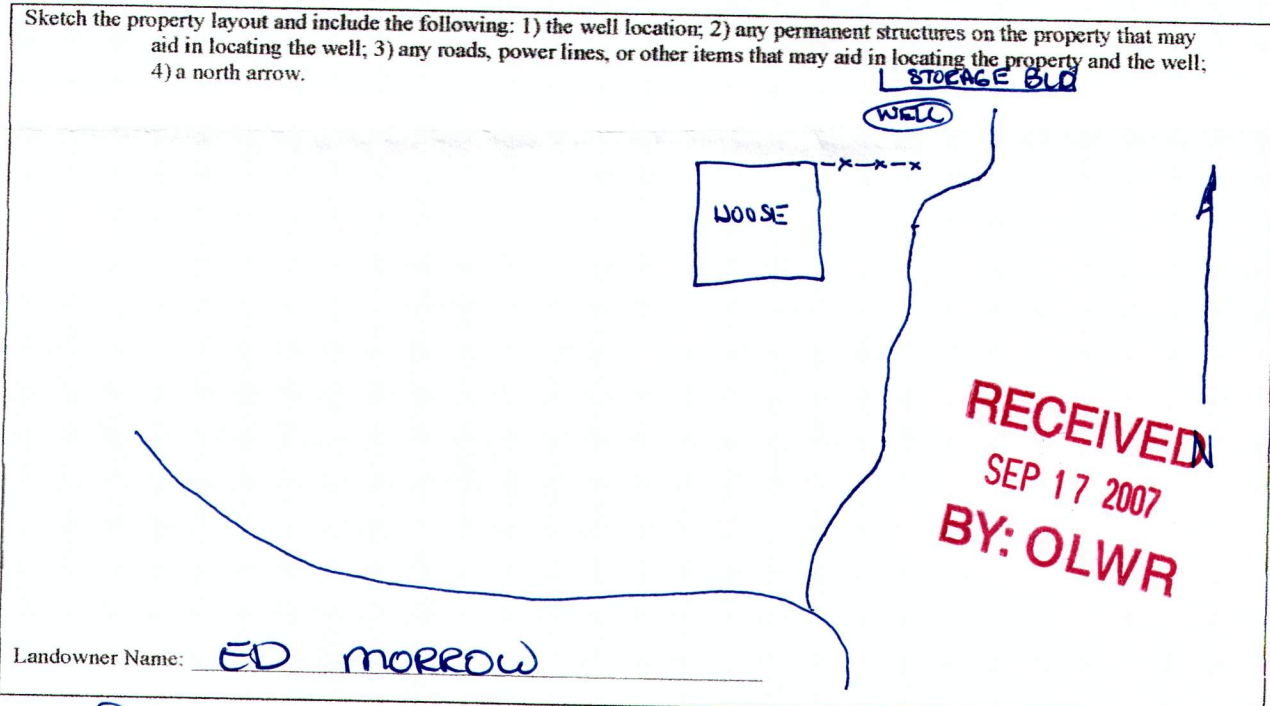
If well telescopes, show depths on sketch



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)
Top soil	Ground Level	10
Red clay	10	30
Gravel	30	90
sand	90	145

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



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.

Jerry LARRY LIFE 0-01 9/12/07 [Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee



# 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: PANOLA  
 Permit #: \_\_\_\_\_  
 Driller: LIFE  
 Date completed: 8/6/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-69  
 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>ED MORROW</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>382 WELLS ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COURTCLAND, MS, 38620</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>4</u> T <u>10S</u> R <u>3E</u>
Telephone No. <u>(662) 563-4910</u>	Distance _____ Direction _____ Nearest Town <u>7W</u>
	_____ Miles of _____
	<u>10 COURTCLAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8/6/07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/6/07</u>	Air Line <input type="radio"/> <b>Electric Measuring Line</b> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>25</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 LIFE 0-01  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer