	State W	ell Report		
County: Stone	Part 1		For Office Use Only:	
Miss	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: B- 58	
Driller: Micheal S. Havard		IS 39289-0631	L. S. Elevation:	
Date drilling completed: 8-26.05		961-5210		
	(601)354	1-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.				
Well Owner Information		Well	Location	
Owner Name Carpenter's Pole	+ Piling	Latitude: 30 ° 51 ,83	" Longitude: 89 ° 09 ' 47"	
Mailing Address: P. O. Box 84	5/		ne): Conventional Survey,	
			GPS Survey-grade GPS	
11' ' = MAC	20500	NW 1/4 NE 1/4 Sec 14	Twn Tas Rng RIZW	
City State	Zip Code	Distance Direction	Nearest Town of トルソコム	
Telephone No. (601) 928 - 7400			of HWA 3C	
	Well I	Data		
Purpose of Well (circle one) Home Industrial	Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 8-25-05	Date v	vell drilling completed: _ 8-	25-05	
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: _50feet above o	r below (circle one) l	and surface Date measured:	8-26-05	
Method of Measurement (circle one) Steel ta	electric tape	air line other:		
Hole depth: 183 Well depth: 183 Well grouted to a depth of 20 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: \\\ \Casing feet Casing dia	meter: 4	_inches Type of casing: _	PUC SYO	
Screen length: 20 feet Screen dia	meter: 4	inches Type of screen:	SOP PIC	
Screen slot size: 1012 inches Setting depth: From 103 feet to 183 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 back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississinni Department of Health regulations and state laws.				

0-673

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

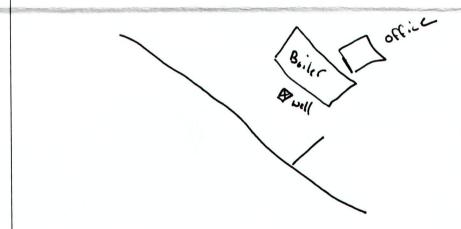
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	5
5:17	5	15
Sand (Gine-med)	15	38
Clau	38	47
Sand (Gine - med)	42	86
	180	93
Sand (mid)	93	103
Clau	103	108
Sand (med)	108	123
	153	137
Sand (med-course)	127	183

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

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) indicate direction.



Landowner Name: Carpenter's Pole Vard

gnature of Water Well Contractor

RECEIVED
OCT 27 2005

BY: OLWR

STATE WELL REPORT

Part 2

County: Stone

Permit #:

Driller: M. Chals. Havaco

Date completed: 8-26-05

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 #:	3-58	
Elevation:		

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the

Well Owner Information	Well Location	
Owner Name: Carpenter's Pole & Piling	Latitude: <u>N 30° 52. 83</u> Longitude: <u>N 81° 09. 47</u>	
Mailing Address: P.O. Box 860	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Mand-held GPS, Survey-grade GPS	
City State Zip Code	1/41/4 Sec14Twn735RngR13\ldot\	
City State Zip code	Distance Direction Nearest Town	
Telephone No. (601) 938 - 7400	3 Miles D of HWY 26	

	Pump Type Circle one		1 2	Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating	of Motor: 5	
Date Pump Installed:	8-26-05	•	Setting Depth:	140	_feet
Rated Pump Capacity: _	55	_Gallons Per Minute	Number of Stages: _	11	_

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 8-26-05 Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 4. 5 hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Michael S. Harard 0-673	JIN S. Ho
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED

OCT 27 2005

BY: OLWR