

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 #: E-78
L. S. Elevation: _____
E-log #: _____

County: Carroll
Permit #: GW 16011
Driller: Scooter
Date drilling completed: May 26, 2006

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>Town of Carrollton</u>	Latitude: <u>32° 29' ⁵⁸ 36N</u> Longitude: <u>90° 00' ⁰⁴ 00W</u>
Mailing Address: <u>P.O. Box 181</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>107 Lexington Street</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Carrollton, MS 38917</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>20</u> Twn <u>19N</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 237-4600</u>	<u>10</u> Miles <u>east</u> of <u>Greenwood, MS</u>

Well / Borehole Data

Date drilling started: May 1 Date drilling completed: May 26 Hole depth: 745 Hole diameter: 12 1/4"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Pumped

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

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: 146' feet above or below (circle one) land surface Date measured: 5/31/2006

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

Well depth: 689 Well grouted to a depth of 620 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 620 feet Casing diameter: 12 inches Type of casing: API-5L Grade B coated

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Johnson

Screen slot size: 0.020 inches Setting depth: From 625 feet to 685 feet

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

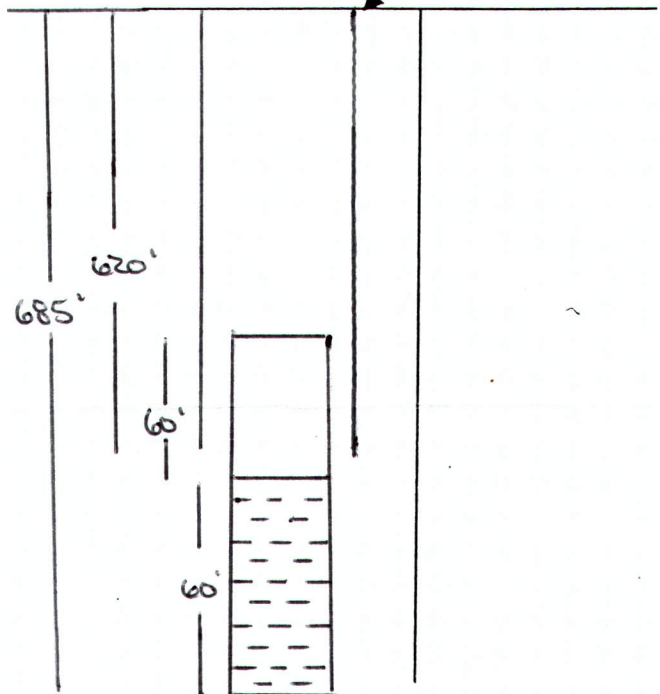
Other (describe): _____

Top of lap pipe or reduction in casing: 565 feet. *If telescoped or more than one screen, describe on next page*

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E-78

The sketch below only required for water wells
 If well telescopes, show depths on sketch.
 Ground Level

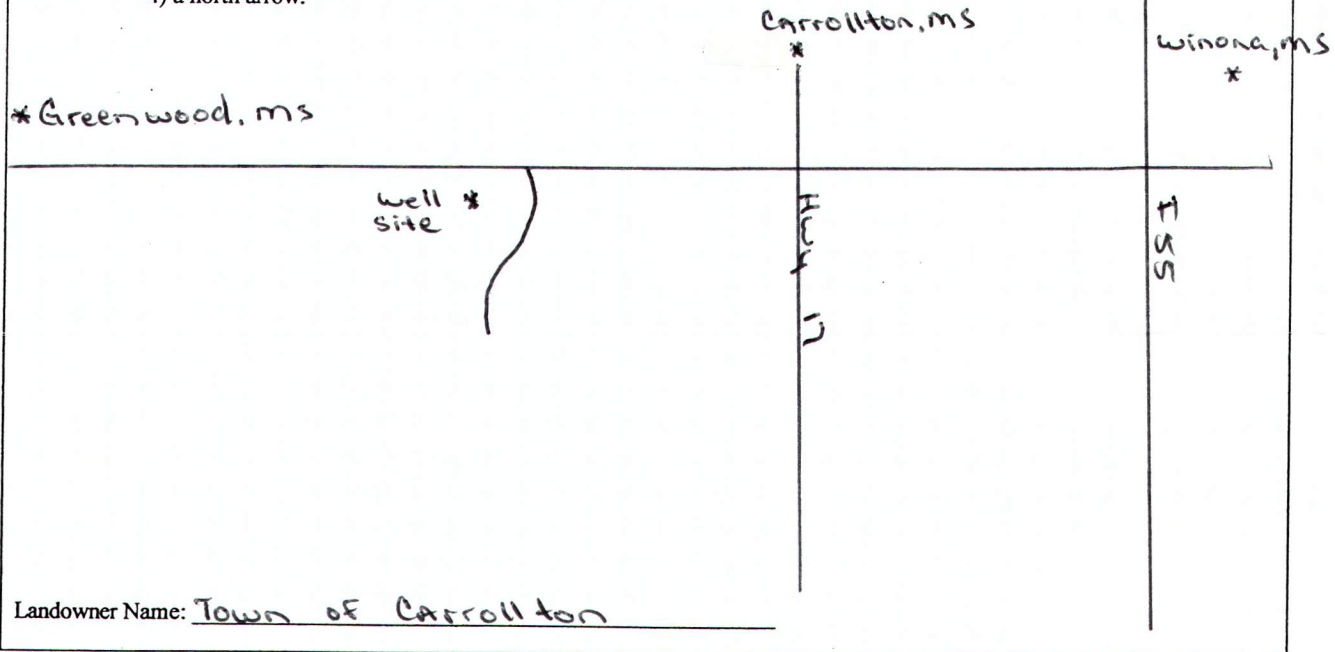


If more than one screen, show location of each on sketch

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)
Red Sand, Clay	Ground Level	10
Red Sand, Shale	10	25
Whit Sand, Shale	25	45
White hard. shale	45	185
Blue Clay, Sandy Shale,	185	220
Blue Clay, Hard Shale	220	390
Sand streaks		
Blue Sand, Hard Shale	390	425
Sand and Clay	425	595
Sand, Shale, Lignite,	595	734
Blue Clay	734	745

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.



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.

Donald E. Smith 0-767 8-16-06
 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: Carroll
 Permit #: _____
 Driller: Scouter
 Date completed: May 26
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-78
 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>Town of Carrollton</u>	Latitude: <u>32,29,56N</u> Longitude: <u>90,00,06W</u>
Mailing Address: <u>P.O. Box 181</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>107 Lexington St</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Carrollton, MS 38917</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> T <u>19N</u> R <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 237-4600</u>	<u>10</u> Miles <u>east</u> of <u>Greenwood, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 HP</u>
Date Pump Installed: <u>7/20/2006</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/31/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>146</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>159</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>329</u> GPM with a drawdown of
Test Pumping Rate: <u>329</u> Gallons Per Minute	<u>13</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Donald E Smith 0-767 Donald E Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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