

County: CLARKE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 7-29-08

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 #: Φ 46
 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>Bobby Keller</u>	Latitude: <u>88° 30' 985"</u> Longitude: <u>31° 54' 451"</u>
Mailing Address: <u>107 COUNTY Rd 637</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>59</u> Conventional Survey, <u>27</u>
City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(504) 416 5827</u> <u>WORKS IN SLIDELL LA</u>	<u>SW</u> 1/4 SW 1/4 Sec <u>24</u> Twn <u>24</u> Rng <u>17E</u>
	Distance Direction Nearest Town <u>8</u> Miles <u>NORTH</u> of <u>Matthewville</u>
Well / Borehole Data	
Date drilling started: <u>7-28-08</u> Date drilling completed: <u>7-29-08</u> Hole depth: <u>355</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>well water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>MUD PAK 14oz HTH 3700gals</u> <u>2000 WAS INCLUDED IN DEVELOPING</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>92'</u> feet above or below (circle one) land surface Date measured: <u>7-30-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____	
Well depth: <u>355</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite _____ Mix _____	
Casing length: <u>348</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>345</u> feet to <u>355</u> feet	
Type of completion (circle all applicable): <u>SAND</u> Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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ROCK 284-285

SANDY CLAY 285-299

ROCK 299-300

SANDY GRAY CLAY 300-332

Fine to med BROWN SD 332-355

Note still in SD when stopped

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: CLARKE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date completed: 8-2-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: φ 46
 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>Bobby Keller</u>	Latitude: <u>88°30-985</u> Longitude: <u>31°54-451</u>
Mailing Address: <u>107 County Rd 637</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW 1/4 SW 1/4 Sec 24 T 2 N R 17 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>8 Miles North of Matherville</u>
Telephone No. <u>(504) 416 5827</u> <u>WORKS IN Slidell LA</u>	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <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>1</u>
Date Pump Installed: <u>8-2-08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-30-08 & 7-31-08</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>92</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>38</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of <u>38</u> feet after <u>15</u> hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>15</u> hours <i>Note VERY HARD to develop</i>	

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

GILBERT CARR 0.205 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR