

County: Clay
 Permit #: _____
 Driller: Clardy D. Dill
 Date drilling completed: 4/8/08

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 #: J-153
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jim Weathered</u>	Latitude: <u>33° 36' 52.5" N</u> Longitude: <u>88° 33' 72.6" W</u>
Mailing Address: <u>306 Prairie View Dr.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> 43
<u>West Pt. MS 39113</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>17S</u> Rng <u>7E</u>
Telephone No. <u>(662) 494-0005</u>	Distance: <u>3 1/2</u> Miles Direction: <u>East</u> of Nearest Town: <u>W. Point</u>

Well / Borehole Data

Date drilling started: 4/7/08 Date drilling completed: 4/8/08 Hole depth: 420 Hole diameter: 4

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular

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: 92 feet above of below (circle one) land surface Date measured: 4/9/08

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

Well depth: 420 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 219 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 280 feet to 320 feet 400 feet to 420 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: 5 feet. ***If telescoped or more than one screen, describe on next page***

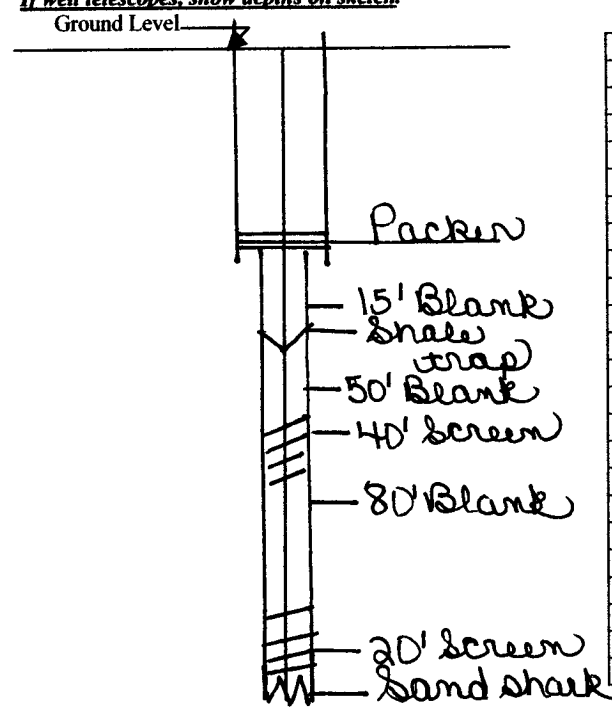
Form: OLWR-SWR-1A

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 BY: OLWR

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Gray Clay	Ground Level	115
Sandy Clay	115	130
Clay	130	137
Sandy Clay	137	178
Rock	178	179
Sandy Clay	179	197
Clay	197	205
Fine Clay	205	235
Fine Sandy Clay	235	247
Clay	247	273
Fine Sandy Clay	273	309
Fine sand	309	317
Clay	317	375
Sandy Clay	375	400
Sand	400	405
Clay	405	420

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) a north arrow.

Landowner Name: Jim Weathered

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 B. Clardy 0-496 4/29/08
Print Name of Responsible Licensee and License No. Date

Paul Kelly
Signature of Licensee

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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: Clay
 Permit #: _____
 Driller: Clardy Drills
 Date completed: 4/9/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-153
 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>Jim Weathers</u>	N Latitude: <u>33° 36.525</u> Longitude: <u>W 088° 33.726</u>
Mailing Address: <u>306 Prairie View Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>W. Point, MS 39173</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(662) 494-0005</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 1/2 Miles East of W. Point</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: <u>1 1/2</u>
Date Pump Installed: <u>4/9/08</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>92</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Donald B. Clardy 0-496
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer