

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date drilling completed: 5/13/08

**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 #: B-63  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location                                     |
|---|---|
| Owner Name: <u>Ronnie James Conet</u>   | Latitude: <u>33° 37' 49"</u> Longitude: <u>88° 20' 14"</u>    |
| Mailing Address: <u>1999 Cal. Stearns Rd.</u>                                       | Method of Lat/Long (circle one): Conventional Survey,         |
| <u>Caledonia MS 39740</u>   | USGS quad, Hand-held GPS, Survey-grade GPS <u>17W</u>         |
| City State Zip Code   | <u>S<sup>NW</sup> 1/4 E<sup>SE</sup> 32 Twn 16 S Rng 19 E</u> |
| Telephone No. <u>(662) 356-6222</u>   | Distance Direction Nearest Town                               |
|   | <u>3 Miles South of Caledonia</u>                             |

**Well / Borehole Data**

Date drilling started: 5/12/08 Date drilling completed: 5/13/08 Hole depth: 278 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: 86 feet above or below (circle one) land surface Date measured: 5/13/08

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

Well depth: 278 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 162 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 238 feet to 278 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

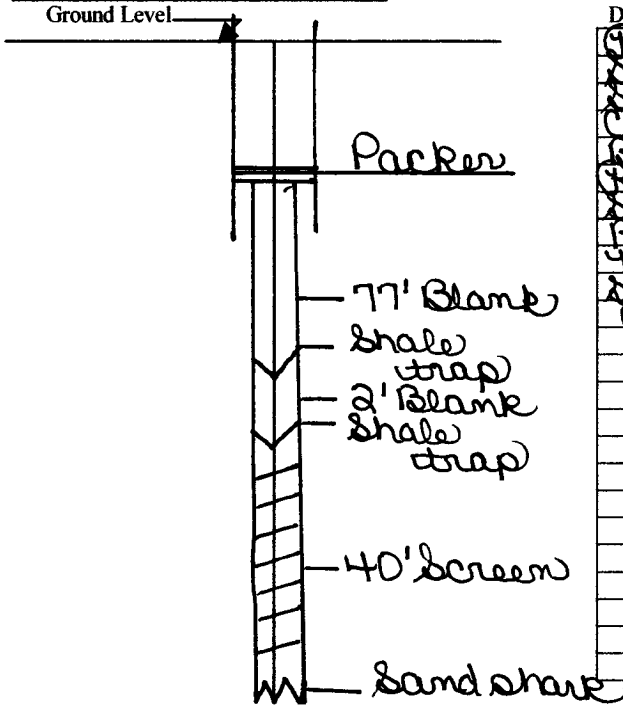
Top of lap pipe or reduction in casing: 5 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

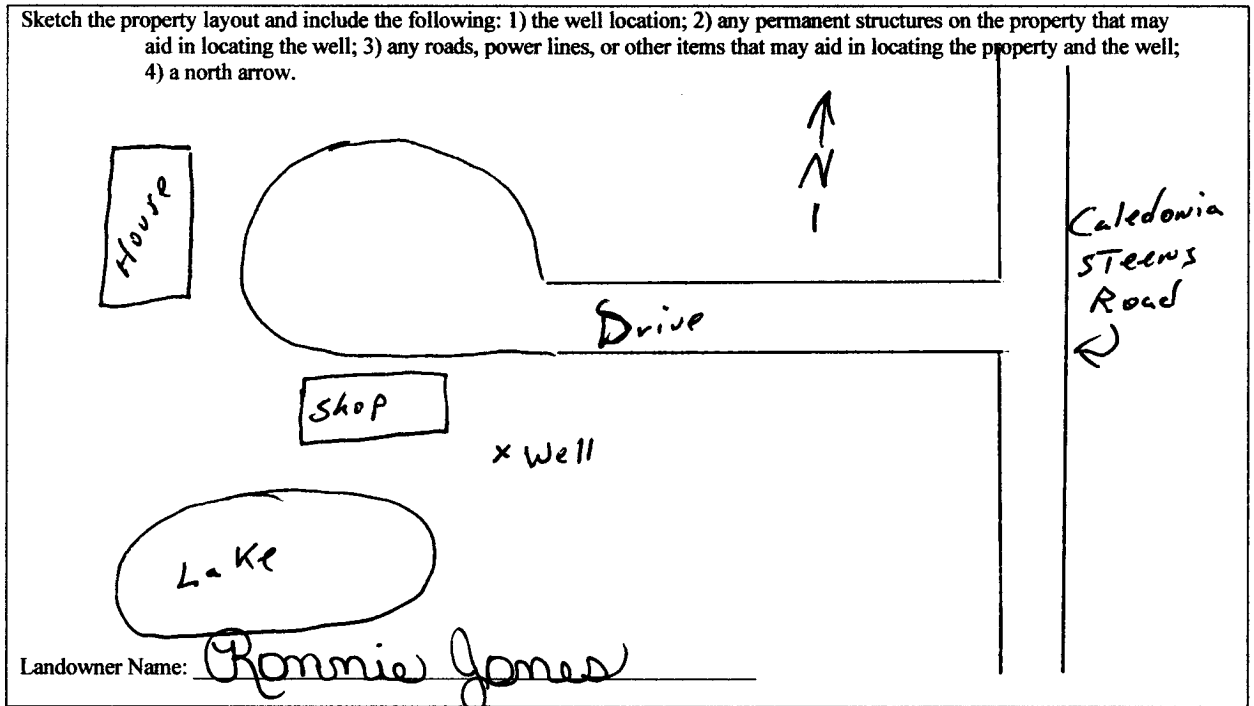
If well telescopes, show depths on sketch.



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) |
|---------------------------------------|--------------|------------|
| Red Clay                              | Ground Level | 11         |
| Sand & gravel                         | 11           | 34         |
| Sandy Clay                            | 34           | 140        |
| Clay                                  | 140          | 152        |
| Brown clay                            | 152          | 177        |
| Rocky sand & break                    | 177          | 194        |
| Sand                                  | 194          | 207        |
| Rock                                  | 207          | 207 1/2    |
| White clay                            | 207 1/2      | 241        |
| Sand & gravel                         | 241          | 277        |
| Clay                                  | 277          | 278        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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.

Donald B. Clardy 0-496 6/5/08  
 Print Name of Responsible Licensee and License No. Date

Donald B. Clardy  
 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: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Dade  
 Date completed: 5/14/08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-63  
 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>Ronnie Jones</u>               | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>1999 Cal. Stearns Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____                          |
| <u>Caledonia, MS</u><br>City State Zip Code   | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____                       |
| <u>39740</u>                                  | <u>S</u> ¼ <u>E</u> ¼ Sec <u>32</u> T <u>16S</u> R <u>19E</u>                      |
| Telephone No. <u>(662) 356-6222</u>           | Distance Direction Nearest Town<br><u>3</u> Miles <u>South</u> of <u>Caledonia</u> |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>2 hp</u>   |
| Date Pump Installed: <u>5/14/08</u>   | Setting Depth: <u>140</u> feet   |
| Rated Pump Capacity: <u>30</u> Gallons Per Minute                           | Number of Stages: <u>11</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>5/14/08</u>                          | Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>          |
| Static Water Level (A): <u>86</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 0-4916 Donald B. Clardy  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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