

County: Lorain
 Permit #: _____
 Driller: Clardy Rude
 Date drilling completed: 7/25/07

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 #: C-147
 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>Charles Rhea</u>	Latitude: <u>33° 33' 47"</u> Longitude: <u>88 25 33"</u>
Mailing Address: <u>562 Spruixy Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Columbus, MS 39105</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>8</u> 1/4 <u>E</u> 1/4 Sec <u>8</u> Twn <u>17S</u> Rng <u>18W</u>
Telephone No. <u>(662) 327-0649</u>	NW NE SE SW Distance <u>28</u> Miles <u>East</u> of <u>Columbus</u> <u>North</u>

Well / Borehole Data

Date drilling started: 7/23/07 Date drilling completed: 7/25/07 Hole depth: 342 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: 94 feet above of below (circle one) land surface Date measured: 7/25/07

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

Well depth: 342 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.13 inches Setting depth: From 202 feet to 222 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

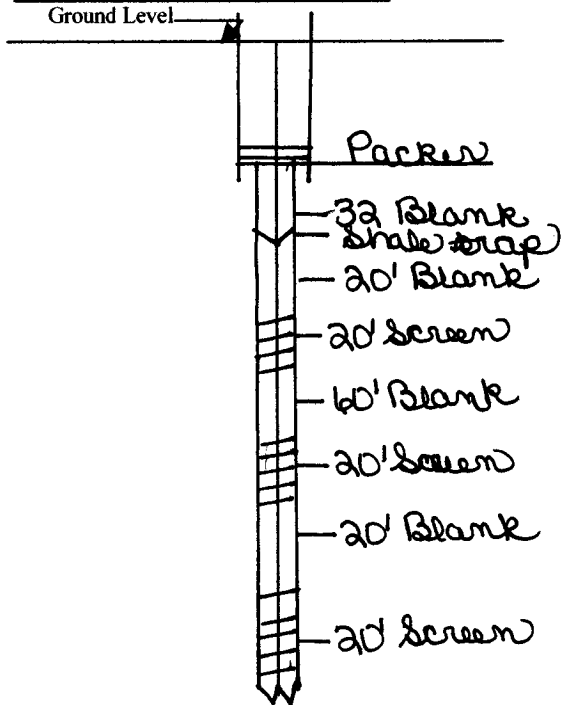
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C 147

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

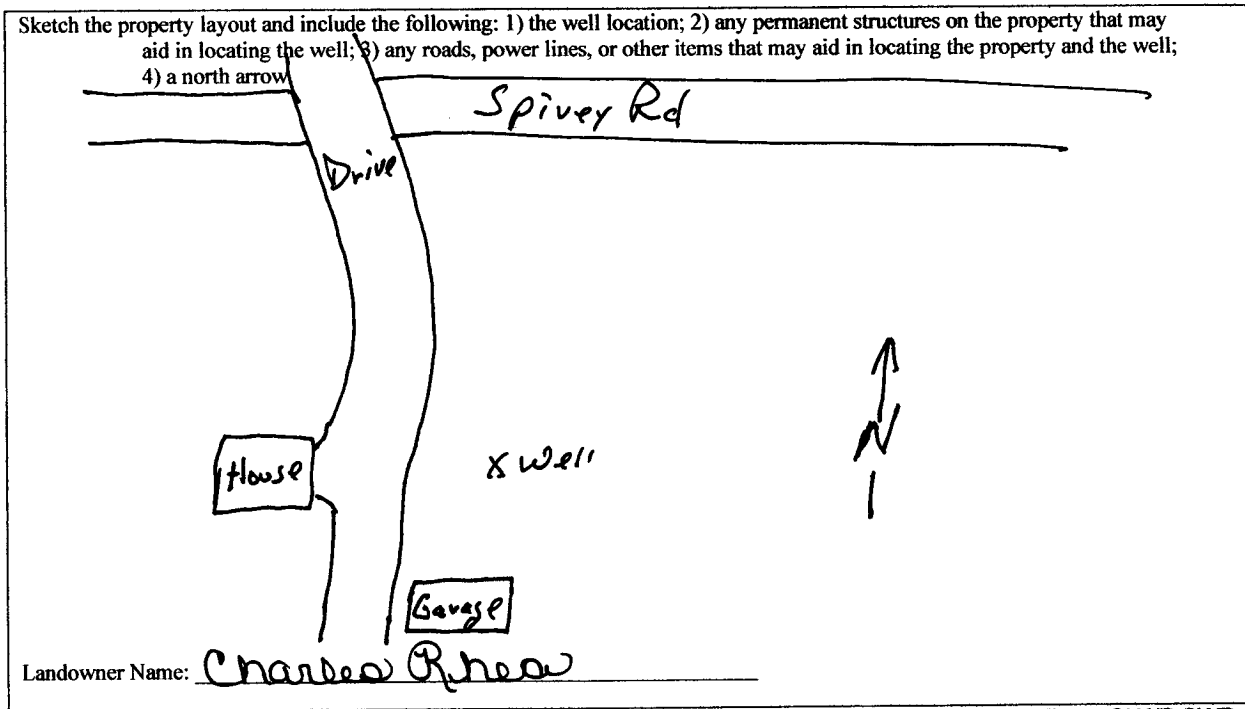
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red clay	Ground Level	30
Sandy blue clay	30	85
Sandy clay	85	89
Clay	89	102
Rocky sandy clay	102	128
Clay	128	190 1/2
Rocky sand	190 1/2	191 1/2
Clay	191 1/2	194 1/2
Rocky sand	194 1/2	199
Clay	199	201
Sand	201	205
Clay	205	208
Sandy clay	208	211
Sandy streak	211	218
Sandy clay	218	228
Clay	228	242
Sandy clay	242	257
Clay	257	263
Sandy clay	263	268
Clay	268	275
Fine sand	275	316
Sandy clay	316	323
Rocky sand	323	338
Clay	338	342

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



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 8/18/07
 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: Howard
 Permit #: _____
 Driller: Clardy Drill
 Date completed: 7/26/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C147
 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>Charles Rhea</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>562 Spruiey Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39705</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>S 1/4 E 1/4 Sec 8 T17S R17W</u>
Telephone No. <u>662 327-0649</u>	Distance Direction Nearest Town
	<u>1 Miles East of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp.</u>
Date Pump Installed: <u>7/26/07</u>	Setting Depth: <u>145</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: <u>7/26/07</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>94</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 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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