

County: Lauderdale
 Permit #: _____
 Driller: Clardy
 Date drilling completed: 10/23/08

State Well Report
Part 1 – Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-151
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Al Puckett</u> Mailing Address: <u>1084 Jolly Rd.</u> <u>Columbus, MS 39705</u> City State Zip Code Telephone No. <u>(662) 328-3112</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 33' 45.8"</u> Longitude: <u>W 088° 25' 24.1"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u>, Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 28 Twn 17S Rng 18W</u> Distance <u>1/4</u> Miles Direction <u>N</u> of Nearest Town <u>Columbus</u></p>
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Well / Borehole Data

Date drilling started: 10/21 Date drilling completed: 10/23 Hole depth: 362 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: 89 feet above below (circle one) land surface Date measured: 10/23/08
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 362 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 68 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .013 inches Setting depth: From 214 feet to 234 feet to 362 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*

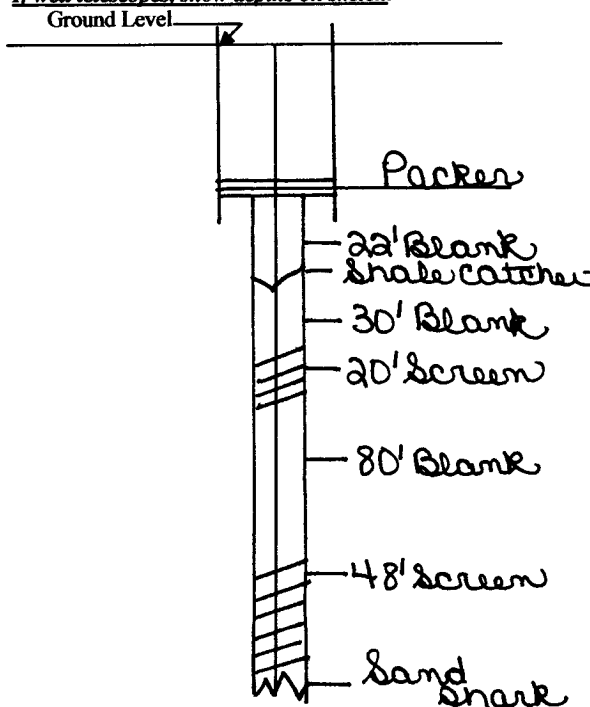
Form: OLWR-SWR-1A (04/08)

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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

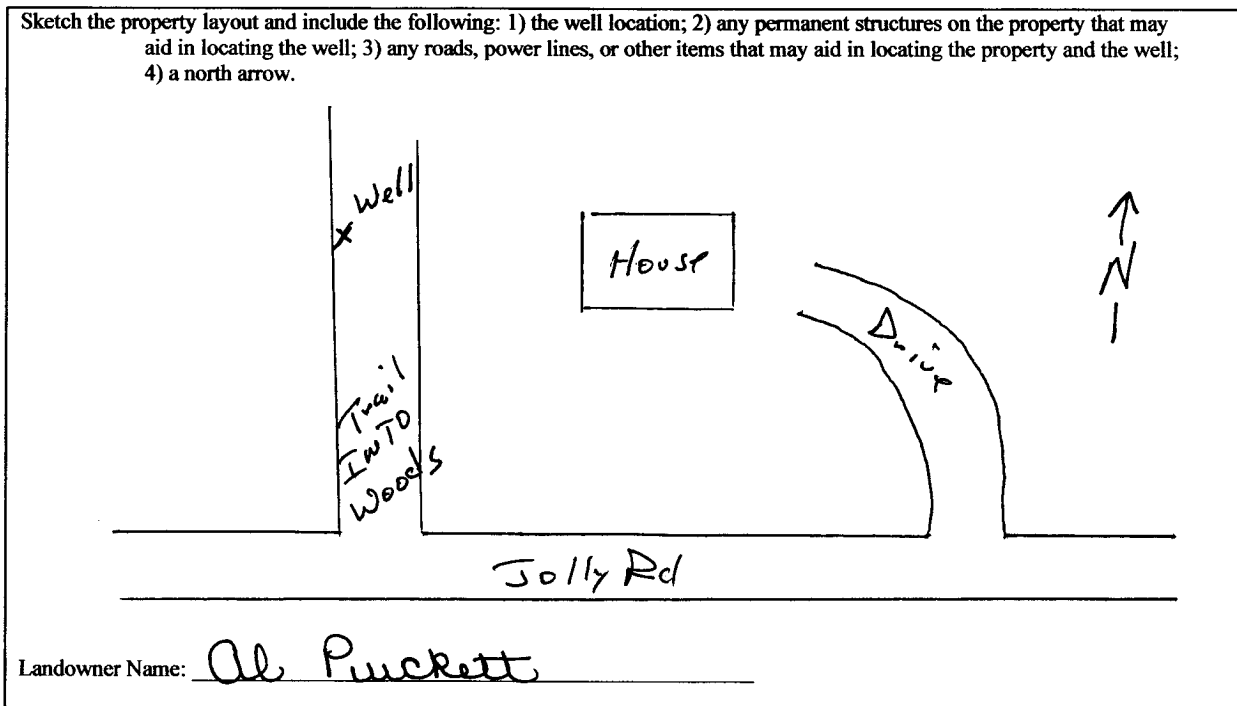
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	30
Sandy blue clay	30	75 1/2
Rock	75 1/2	76
Sandy clay	76	85
Clay	85	94
Rocky sandy clay	94	120
Clay	120	171
Sandy clay	171	178
Rocky sand	178	179 1/2
Clay	179 1/2	185
Hard sand	185	190
Clay	190	208
Hard sandy clay	208	211
Sand streak	211	220 1/2
Clay	220 1/2	229
Rocky sandy clay	229	268
Clay	268	271
Hard sand streak	271	307
Sandy clay	307	315
Rocky sand	315	331
Sandy clay	331	340
Sand	340	362

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 (04/08)

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 0496 11/18/08
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Sounder
 Permit #: _____
 Driller: Clardy
 Date completed: 10/30/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-151
 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>Al Puckett</u>	Latitude: <u>N 33° 33.458'</u> Longitude: <u>W 088° 25.247'</u>
Mailing Address: <u>1084 Jolly Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39705</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>662 328-3112</u>	Distance Direction Nearest Town
	<u>1/4</u> Miles <u>01</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>2</u>
Date Pump Installed: <u>10/30/08</u>	Setting Depth: <u>143</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/30/08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>89</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: <u>32</u> 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 Donald B. Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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