

County: Lorain  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drill  
 Date drilling completed: 8/29/07

**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 #: H-49  
 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>Jimmy Barham</u>	Latitude: <u>N 33° 28.707'</u> Longitude: <u>W 088° 18.941'</u>
Mailing Address: <u>433 Ben Christopher Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>42</u>
<u>Columbus, OH 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 21 Twn 185 Rng 19E</u>
Telephone No. <u>(602) 327-6591</u>	Distance Direction Nearest Town
	<u>2 1/2 Miles East of Columbus</u>

**Well / Borehole Data**

Date drilling started: 8/27/07 Date drilling completed: 8/29/07 Hole depth: 262 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: 78 feet above below (circle one) land surface Date measured: 8/29/07

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

Well depth: 262 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 159 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 222 feet to 262 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*

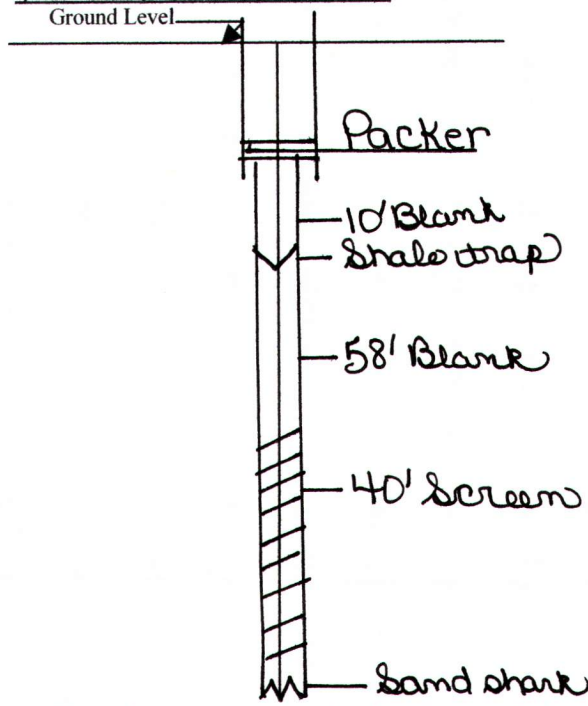
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H-49

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

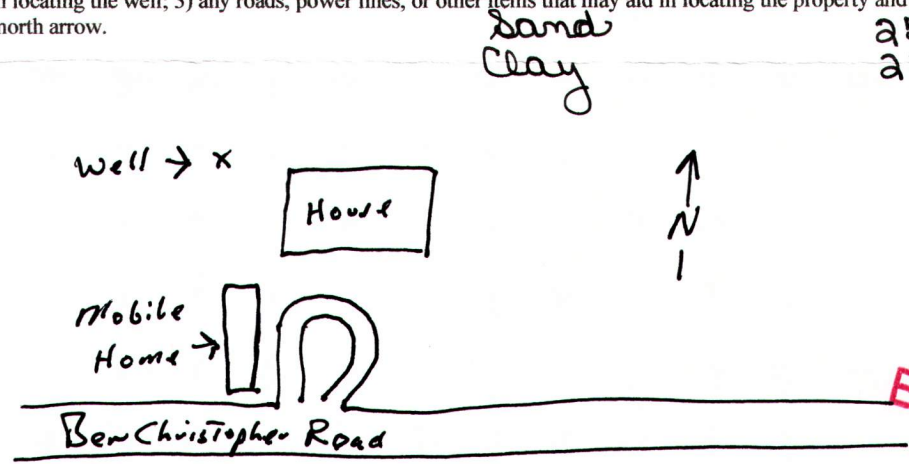
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red sandy Clay	Ground Level	9
Sandy shale clay	9	97
Rocky	97	100
Sandy clay	100	117
Rocky	117	118
Sandy clay	118	120
Clay	120	127
Sandy clay	127	129
Clay	129	153
Sandy clay	153	160
Fine sandy clay	160	164
Sand streak	164	169
Clay	169	179
Sand	179	180
Clay	180	205
Sandy clay	205	210
Sand streak	210	211
Sandy clay	211	223
Sand	223	224
Clay	224	230
Sand	230	231
Clay	231	236
Sand	236	242
Sandy clay	242	248
Sand	248	250 1/2
Sandy clay	250 1/2	256
Sand	256	260
Clay	260	262

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.



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Landowner Name: Jimmy Barham

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  
Print Name of Responsible Licensee and License No.

9/20/07  
Date

Donald B. Clardy  
Signature of Licensee

# 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: Stamford  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drill  
 Date completed: 8/31/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-49  
 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>Jimmy Barham</u>	Latitude: <u>N 33° 28.703</u> Longitude: <u>W 88° 18.941</u>
Mailing Address: <u>433 Ben Christopher Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39702</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>662 327-6591</u>	Distance Direction Nearest Town
	<u>2 1/2 Miles East of 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 <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>18 GPM</u>
Date Pump Installed: <u>8/30/07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/31/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>78</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 Donald B. Clardy  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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