

County: Leflore
 Permit #: _____
 Driller: Clardy
 Date drilling completed: 1/16/08

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 #: H-50
 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>W. H. Barrodale</u>	Latitude: <u>N 33° 27' 53"</u> Longitude: <u>W 88° 18' 05"</u>
Mailing Address: <u>343 Barrodale Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>32</u>
<u>Columbus, MS 39702</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	NW 1/4 NE 1/4 Sec <u>34</u> Twn <u>18S</u> Rng <u>190E</u>
Telephone No. <u>(662) 328-8306</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Columbus</u>

Well / Borehole Data

Date drilling started: 1/14/08 Date drilling completed: 1/16/08 Hole depth: 233 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 or below (circle one) land surface Date measured: 2/16/08

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

Well depth: 233 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 158 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.13 inches Setting depth: From 193 feet to 233 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

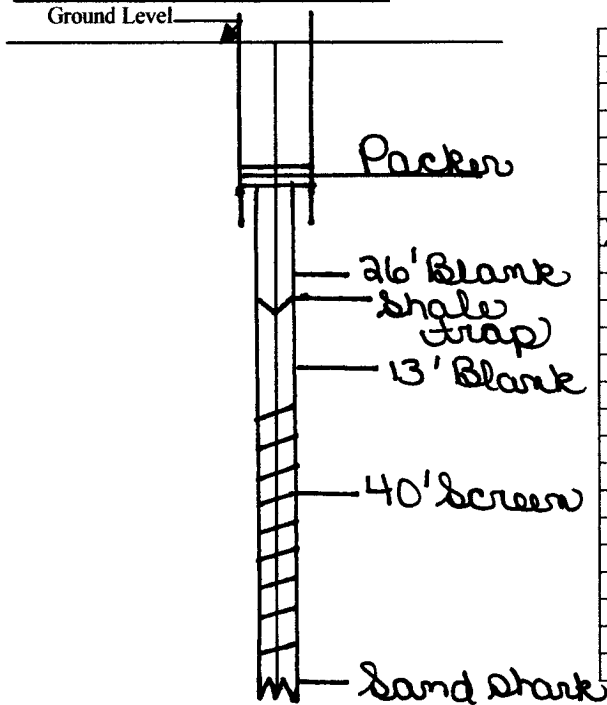
RECEIVED
 FEB 07 2008
 BY: OLWR

M-50

The sketch below is only required for water wells

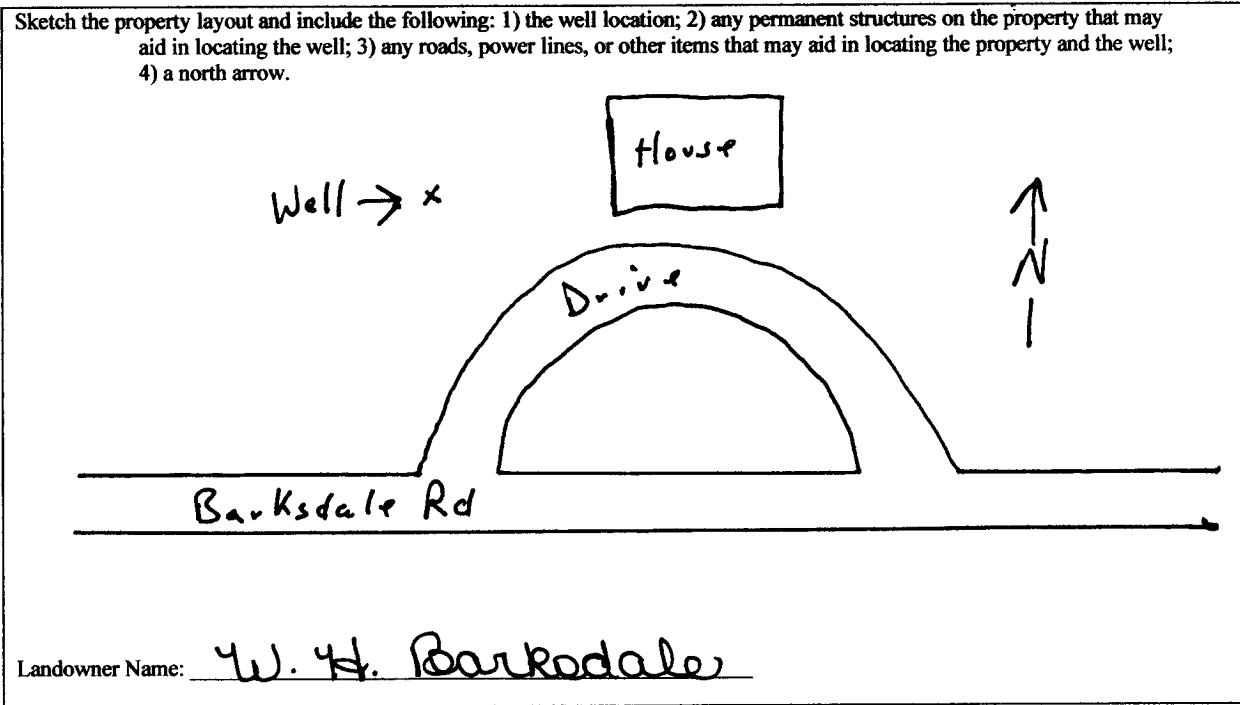
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	20
Shale	20	28
Blue Clay	28	136
Clay	136	162
Sandy Clay	162	166
Clay	166	180
Sandy Clay	180	182
Sand streak	182	203
Sand	203	231
Clay	231	233

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.

Print Name of Responsible Licensee and License No. Donald B. Clardy 0-496 Date 2/5/08

Signature of Licensee

RECEIVED
 FEB 07 2008
 BY: OLWR

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: Downs
 Permit #: _____
 Driller: Clardy
 Date completed: 1/17/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 4-50
 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>W.H. Barrodale</u>	Latitude: <u>N 33° 27.539</u> Longitude: <u>W 088° 18.078</u>
Mailing Address: <u>343 Barrodale 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>662 328-8306</u>	Distance Direction Nearest Town <u>5 Miles SW of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1/17/08</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/17/08</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
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 _____ 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

RECEIVED
 FEB 07 2008
 BY: OLWR