

# 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)

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Clardy  
Date drilling completed: 10/28/08

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: H-53  
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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Chris Clardy</u> Mailing Address: <u>244 Honeyuckle Dr.</u> <u>Steens, MS 39766</u> City State Zip Code Telephone No. <u>662 549-2334</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 31' 56"</u> Longitude: <u>088° 19' 35"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 4 Twn 185 Rng 17W</u> Distance <u>2 1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Columbus</u></p>
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**Well / Borehole Data**

Date drilling started: 10/28/08 Date drilling completed: 10/28/08 Hole depth: 118 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: 38 feet above of below (circle one) land surface Date measured: 11/28/08

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

Well depth: 118 Well grouted to a depth of 26 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 1/2 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 26 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 92 feet to 118 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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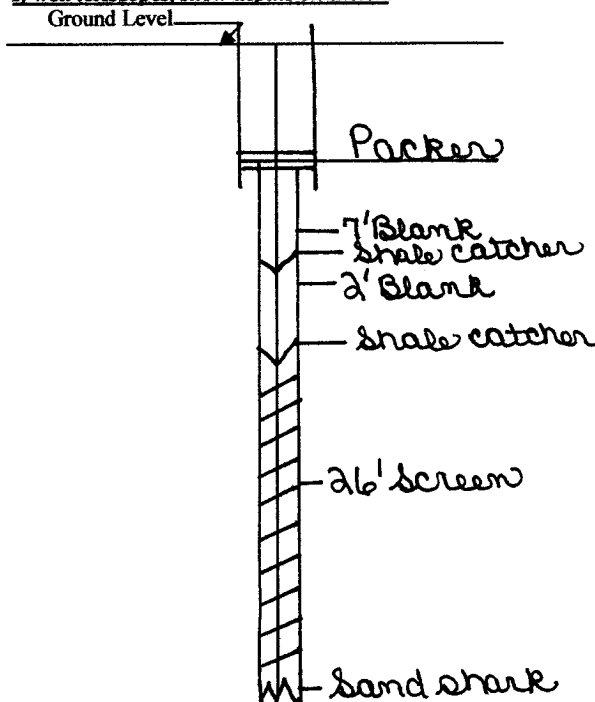
NOV 25 2008

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H-53

The sketch below only required for water wells

If well telescopes, show depths on sketch.

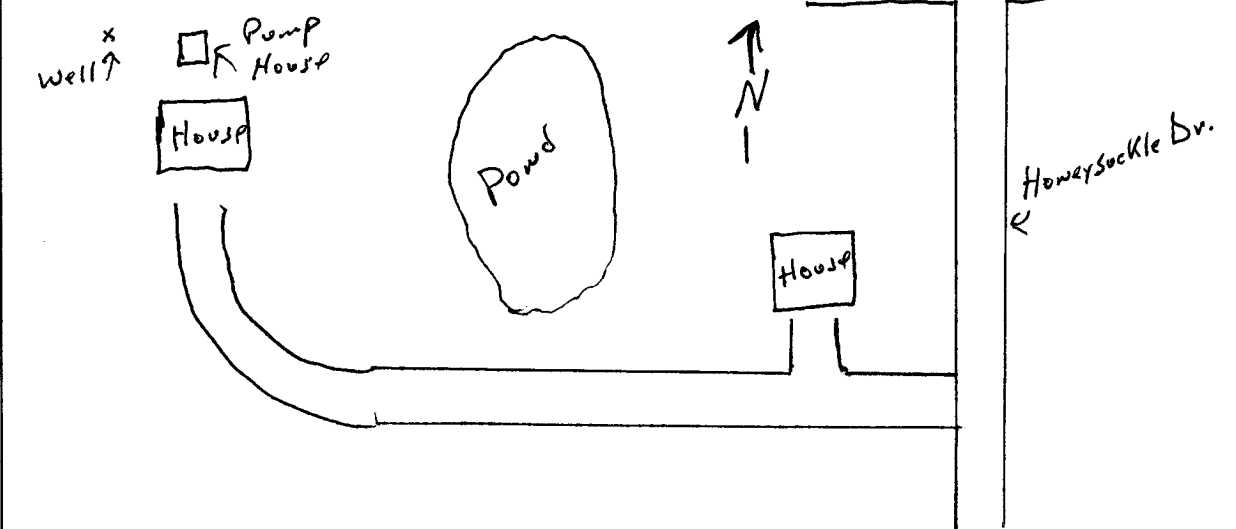


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	11
Shale	11	43
Clay	43	67
Sandy	67	71
Clay	71	82
Sandy clay	82	90
Clay	90	92
Sand streak	92	92 1/2
Sandy clay	92 1/2	94
Sand streak	94	101 1/2
Clay	101 1/2	102
Sand	102	115
Clay	115	118

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.



Landowner Name: Chris Clardy

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 0-496 11/18/08  
Print Name of Responsible Licensee and License No. Date

[Signature]  
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: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 10/29/08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-53  
 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>Chris Clardy</u>	Latitude: <u>N 33° 31' 56"</u> Longitude: <u>W 088° 19.359'</u>
Mailing Address: <u>244 Honeycreek Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Stennis, MS 39766</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>662 549-2334</u>	Distance Direction Nearest Town <u>2 1/2 Miles E. 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>1 1/2</u>
Date Pump Installed: <u>10/29/08</u>	Setting Depth: <u>80</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 Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>38</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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