

County: Lauderdale
 Permit #: _____
 Driller: Clardy Rude
 Date drilling completed: 7/12/07

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 #: K-54
 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>Randolph Supacomb</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>223 6th St. N.O.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39101</u>	<u>S 1/4 W 1/4 Sec 28 Twn 19N Rng 17E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 328-2100</u>	<u>5 1/4 Miles W of Columbus</u>

Well / Borehole Data

Date drilling started: 7/9/07 Date drilling completed: 7/12/07 Hole depth: 352' 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 or below (circle one) land surface Date measured: 7/12/07

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

Well depth: 352 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 241 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 3 1/2" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 292 / 332 feet to 312 / 352 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*

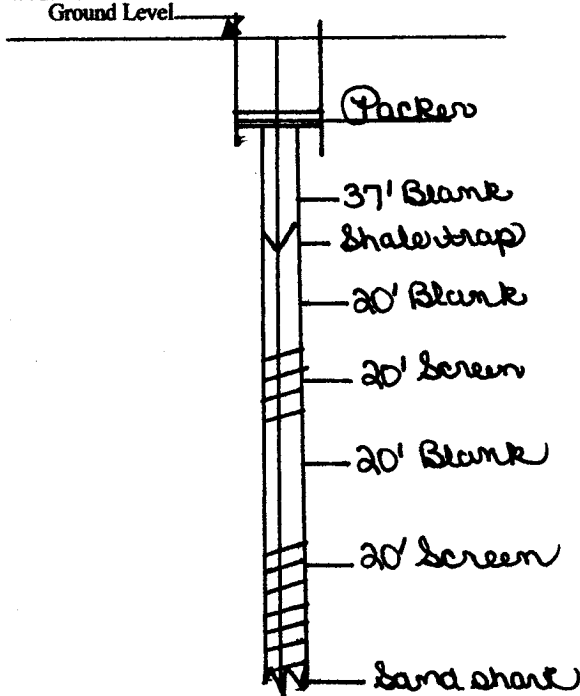
8/20/07
 10:30 AM
 10/11/07

K-54

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

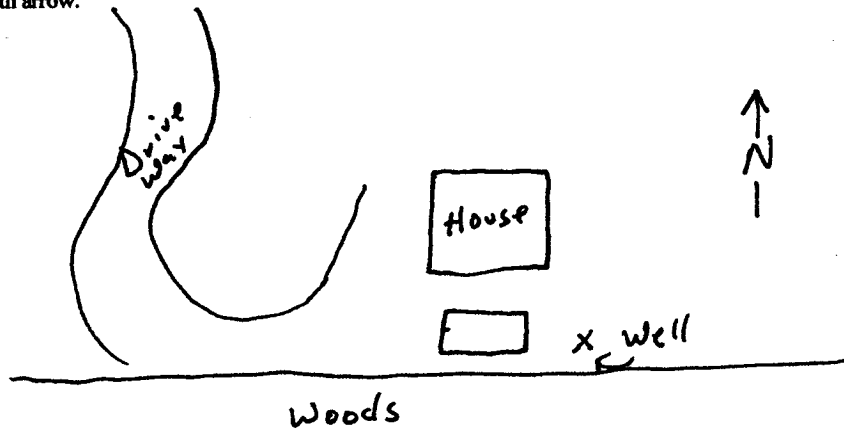
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown clay	Ground Level	8
White clay	8	22
Blue clay	22	134
Sandy clay	134	156
Rock	156	157
Sandy clay	157	180
Rock	180	181
Sandy clay	181	235
Hard sandy clay	235	245
Clay	245	272
Sandy clay	272	275
Sand streak	275	280
Sandy clay	280	282
Sand streak	282	287
Sandy clay	287	297
Sand streak	297	300
Sandy clay	300	305
Rock sand	305	313
Clay	313	320
Sandy clay	320	340
Clay	340	342
Sand	342	352

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: Randolph Supocomb

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 ⁰⁴⁴⁹⁶

7/26/07

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY OLWA

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 B. Clardy
 Date completed: 7/13/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-54
 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>Randolph Supacomb</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>223 6th St. North</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39701</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>S 1/4 W 1/4 Sec 28 T19N R 17E</u>
Telephone No. <u>662 328-2100</u>	Distance Direction Nearest Town <u>5 1/4 Miles W 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 <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp.</u>
Date Pump Installed: <u>7/13/07</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/13/07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
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: _____ 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

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 JUL 17 2007
 STATE OF MISSISSIPPI
 DEPARTMENT OF ENVIRONMENTAL QUALITY