

County: Lauderdale
 Permit #: _____
 Driller: Clardy
 Date drilling completed: 5/11/07

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: K59
 Well #: E-98
 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>Ben Bumgardner</u>	Latitude: <u>33° 27' 40"</u> Longitude: <u>88° 31' 26"</u>
Mailing Address: <u>Allison Hardy Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39701</u>	<u>NE 1/4 W 1/4 Sec 4 Twn 18S Rng 17E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 889-9049</u>	<u>6 Miles SW of Columbus</u>

Well / Borehole Data

Date drilling started: 5/8/07 Date drilling completed: 5/11/07 Hole depth: 296 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: 96 feet above or below (circle one) land surface Date measured: 5/11/07

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

Well depth: 296 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 195 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 256 feet to 296 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

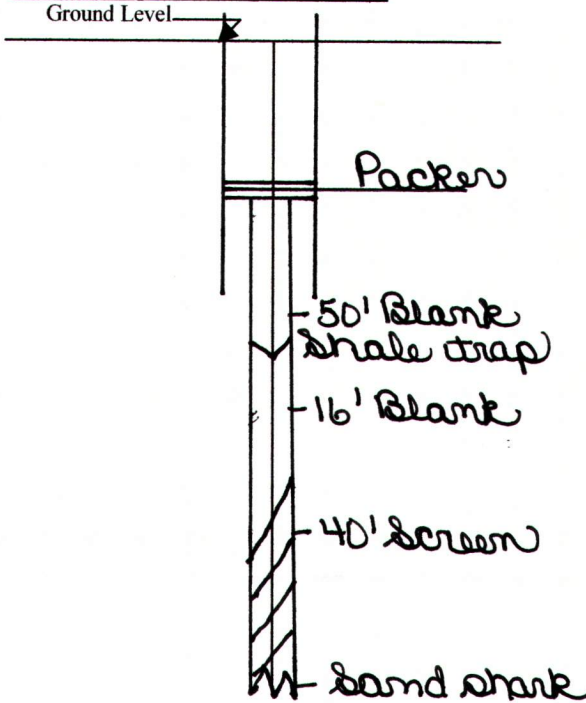
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F-98

The sketch below only required for water wells

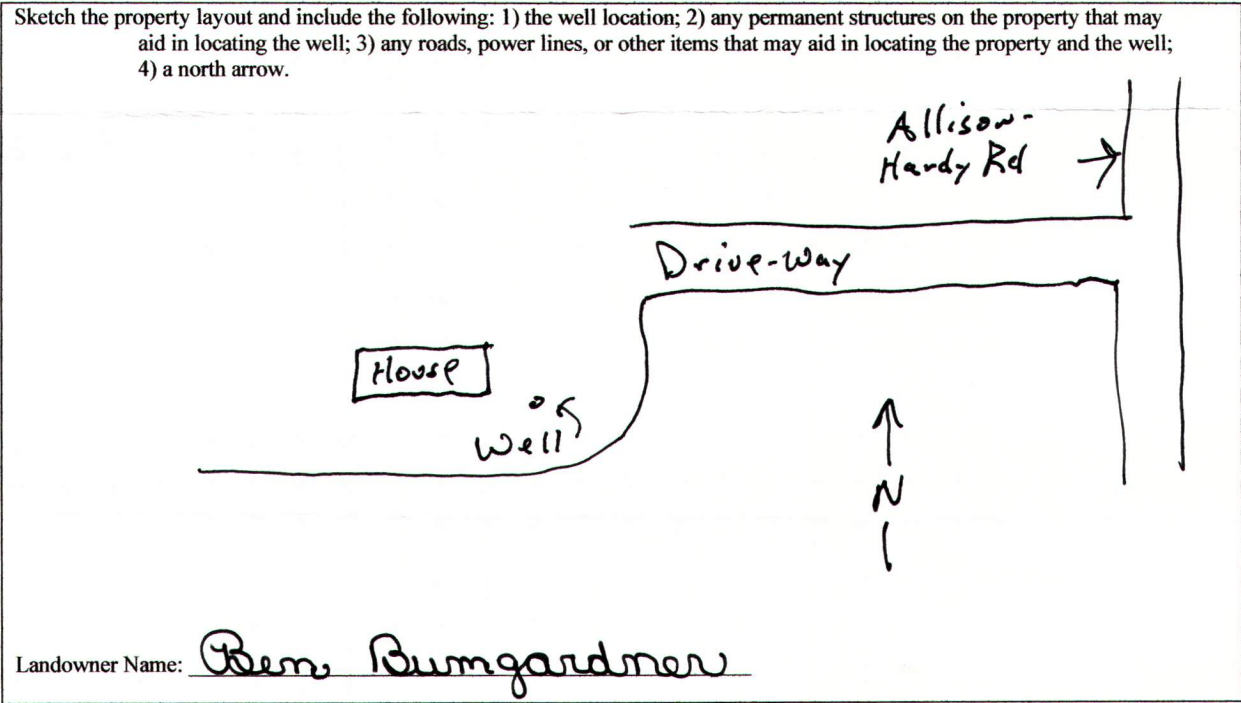
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown + white clay	Ground Level	18
Blue clay	18	142
Sandy clay	142	176
Rock	176	177
Sandy clay	177	208
Fair clay	208	243
Sand stake	243	248
Clay	248	268
Rocky sand stake	268	295
Clay	295	296

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 Signature of Licensee Donald B. Clardy

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Howards
Permit #: _____
Driller: Clardy
Date completed: 5/25/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: F-98
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>Ben Bumgardner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Allison Hardy Rd.</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>N</u> ¼ <u>W</u> ¼ Sec <u>4</u> T <u>18</u> R <u>17</u>
Telephone No. <u>(662) 889-9049</u>	Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>1 hp.</u>
Date Pump Installed: <u>5/25/07</u>	Setting Depth: <u>160</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>5/25/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>96</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 <u>15</u> 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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