

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drilling  
 Date drilling completed: 11/5/09

**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)

**For Office Use Only:**

Aquifer: M 41  
 Well #: \_\_\_\_\_  
 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>John Beard</u>	Latitude: <u>33° 25' 00"</u> Longitude: <u>88° 20' 46"</u>
Mailing Address: <u>629 Hiedreth Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus, MS 39702</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 18 Twn 19S Rng 17W</u>
Telephone No. <u>662 328-5248</u>	Distance <u>4 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Columbus</u>

**Well / Borehole Data**

Date drilling started: 11/4/09 Date drilling completed: 11/5/09 Hole depth: 160 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: 35' feet above or (below) (circle one) land surface Date measured: 11/5/09

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

Well depth 160 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 97 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 120' feet to 160' 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)

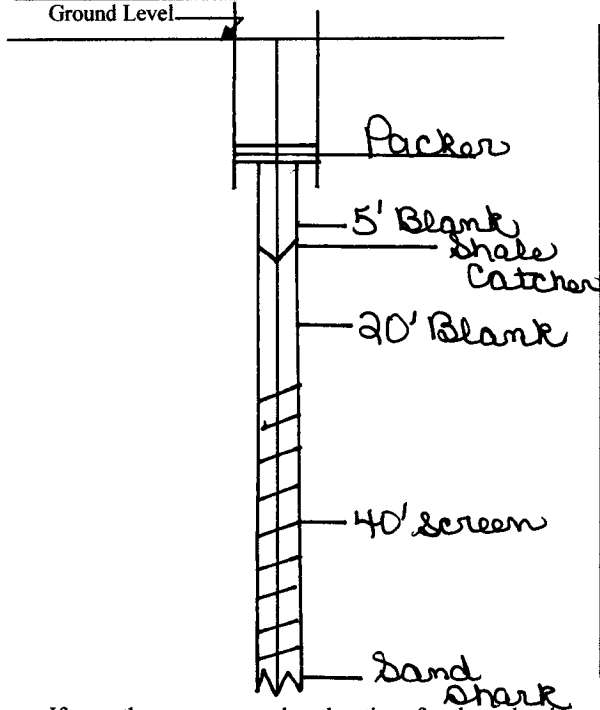
**RECEIVED**  
 DEC 01 2009  
 BY: OLWR

M41

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

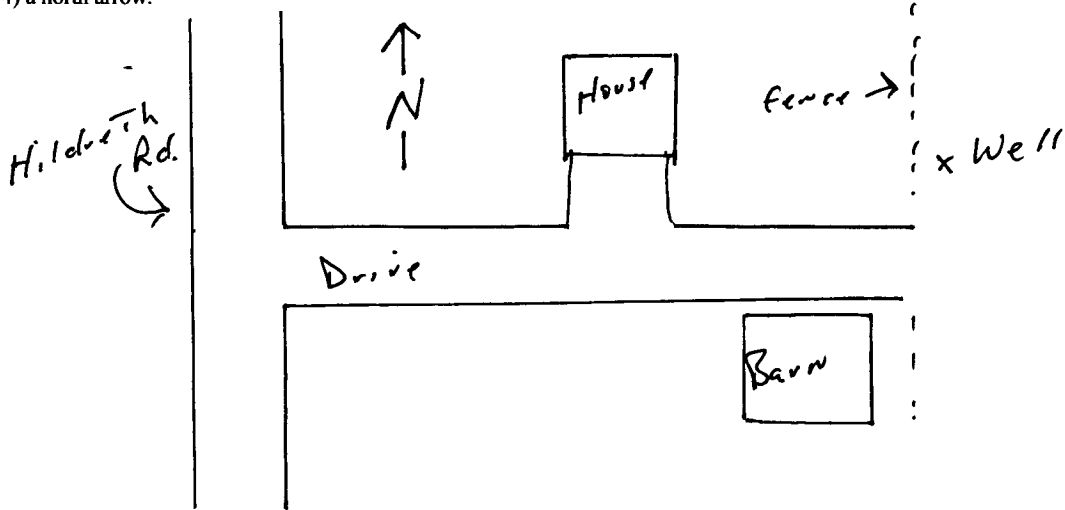
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	14
Sand & Gravel	14	29
Blue clay	29	69
Sandy clay	69	77
Clay	77	80
Sandy clay	80	90
Light Blue clay	90	108
Light Sand	108	114
Sandy clay	114	120
Sand	120	129
Clay	129	137
Sand	137	157
Clay	157	160

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: John Beard

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 11/30/09  
Print Name of Responsible Licensee and License No. Date

[Signature]  
Signature of Licensee

RECEIVED  
DEC 01 2009  
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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Sounders  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 11/5/09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: M41  
 Well #: \_\_\_\_\_  
 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>John Beard</u>	Latitude: <u>33° 25.093</u> Longitude: <u>088° 20.766</u>
Mailing Address: <u>629 7th Street 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	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>662 328-5248</u>	Distance Direction Nearest Town
	<u>4 ½</u> Miles <u>SE</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> 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>11/5/09</u>	Setting Depth: <u>80</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>11/5/09</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>35'</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 Don Clardy  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED

DEC 01 2009

BY: OLWR