

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date drilling completed: 8/17/10

**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 42  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Donald Shelton</u>        Mailing Address: <u>P.O. Box 1011</u>  <u>Columbus, MS 39703</u>        City State Zip Code        Telephone No. <u>662 327-8788</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 25' 51" N</u> Longitude: <u>88° 18' 52" W</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>NW</u> ¼ <u>NE</u> ¼ Sec <u>9</u> Twn <u>19 S</u> Rng <u>17 W</u>        Distance <u>5</u> Miles Direction <u>SE</u> of Nearest Town <u>Columbus</u></p>
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**Well / Borehole Data**

Date drilling started: 8/16/10 Date drilling completed: 8/17/10 Hole depth: 282 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: 8/18/10  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 282 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 178 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 60 feet Screen diameter: 2 3/8 inches Type of screen: PVC  
 Screen slot size: 0.13 inches Setting depth: From 206 feet to 266 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)

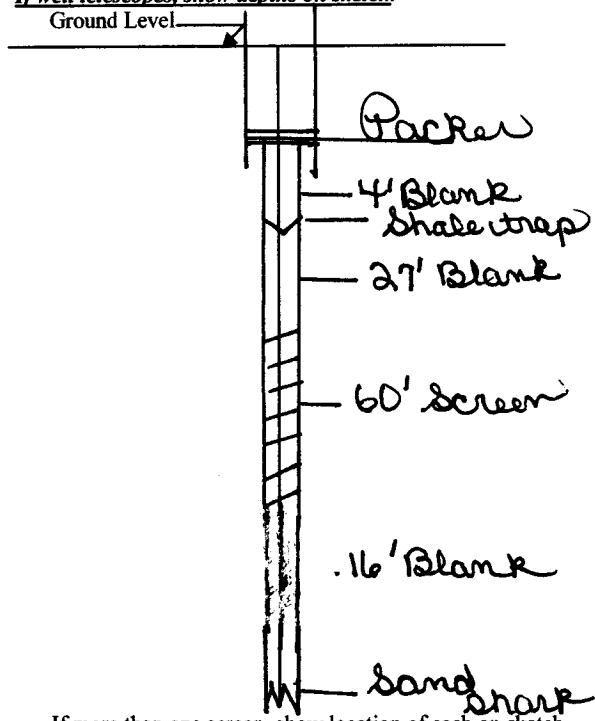
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M 42

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

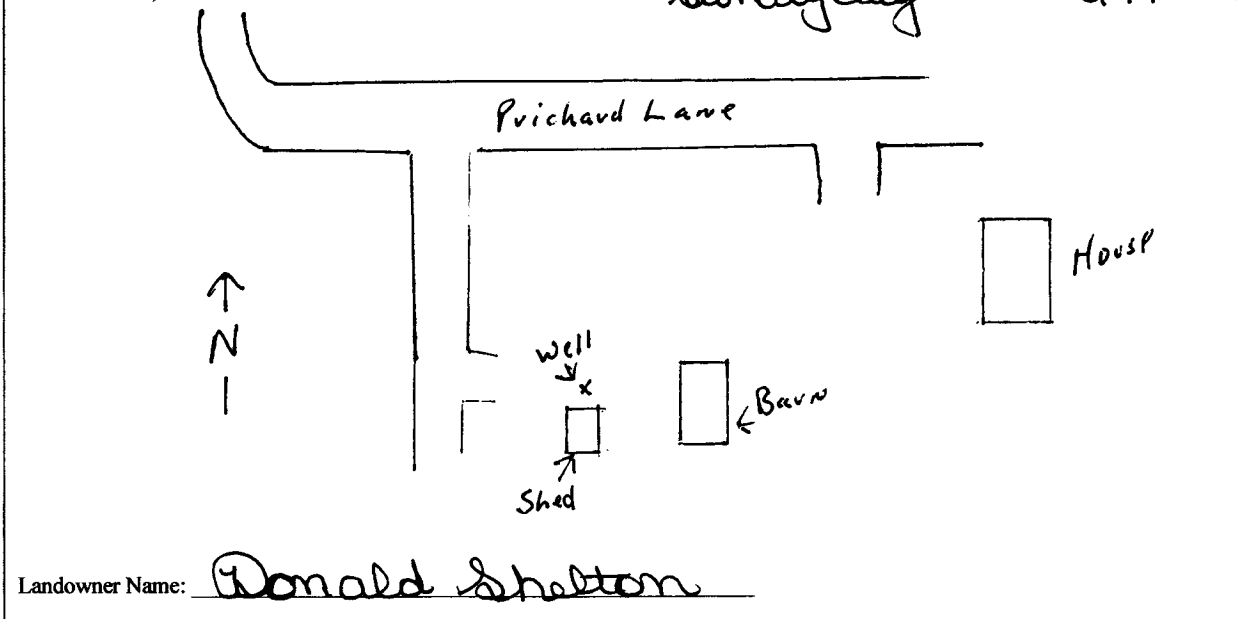
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red + white Clay	Ground Level	18
Blue Clay	18	47
Block Clay	47	49
Sandy Rocky Clay	49	83
Sandy Clay	83	102
Clay	102	110
Rocky Sandy Clay	110	142
Clay	142	157
Sand streak	157	180
Clay	180	183
Thin sand streak	183	188
Sand	188	196
Iron clay	196	198
Blue clay	198	205
Thin sand streak	205	211
Clay	211	222
Thin sand streak	222	224
Sandy clay	224	227
Thin sand	227	237
Sandy clay	237	240
Thin sand streak	240	242
Sand	242	252
Sandy clay	252	260
Sand	260	264
Sandy clay	264	266
Sand	266	272
Sandy clay	272	274
Sand streak	274	282

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.



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.

UNR0000496  
 Donald B. Clardy  
 Print Name of Responsible Licensee and License No.

9/14/10  
 Date

Donald B. Clardy  
 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: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 8/18/10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: M42  
 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>Donald Shelton</u>	Latitude: <u>N 33° 25.950</u> Longitude: <u>W 088° 18.883</u>
Mailing Address: <u>P.O. Box 1011</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39703</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>662 327-8788</u>	Distance Direction Nearest Town
	<u>5</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>3hp</u>
Date Pump Installed: <u>8/18/10</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/18/10</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> 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 LN1R00000-496  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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