

County: Leflore
 Permit #: _____
 Driller: Clardy Drilling
 Date drilling completed: 8/23/12

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: _____
 Well #: 050
 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>Anna Grace Love</u>	Latitude: <u>33° 20' 979</u> Longitude: <u>088° 32' 237</u> <small>58 14</small>
Mailing Address: <u>113 11th St. N</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus MS 39701</u> <small>City State Zip Code</small>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>662 328-6503</u>	<u>SW 1/4 SE 1/4 Sec 8 Twn 17N Rng 17E</u>
	Distance <u>4 1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Crawford</u>

Well / Borehole Data

Date drilling started: 8/21/12 Date drilling completed: 8/23/12 Hole depth: 402 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: 105 feet above or below (circle one) land surface Date measured: 8/23/12

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

Well depth: 402 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 211 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 362 feet to 402 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*

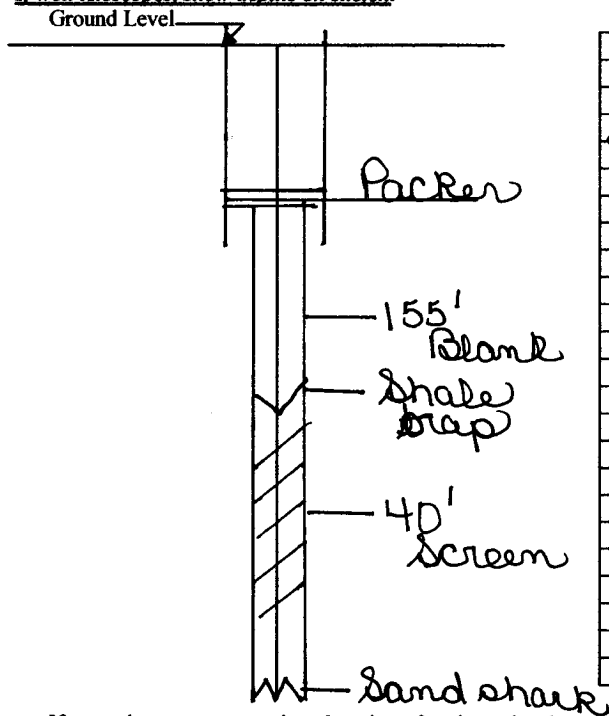
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells.

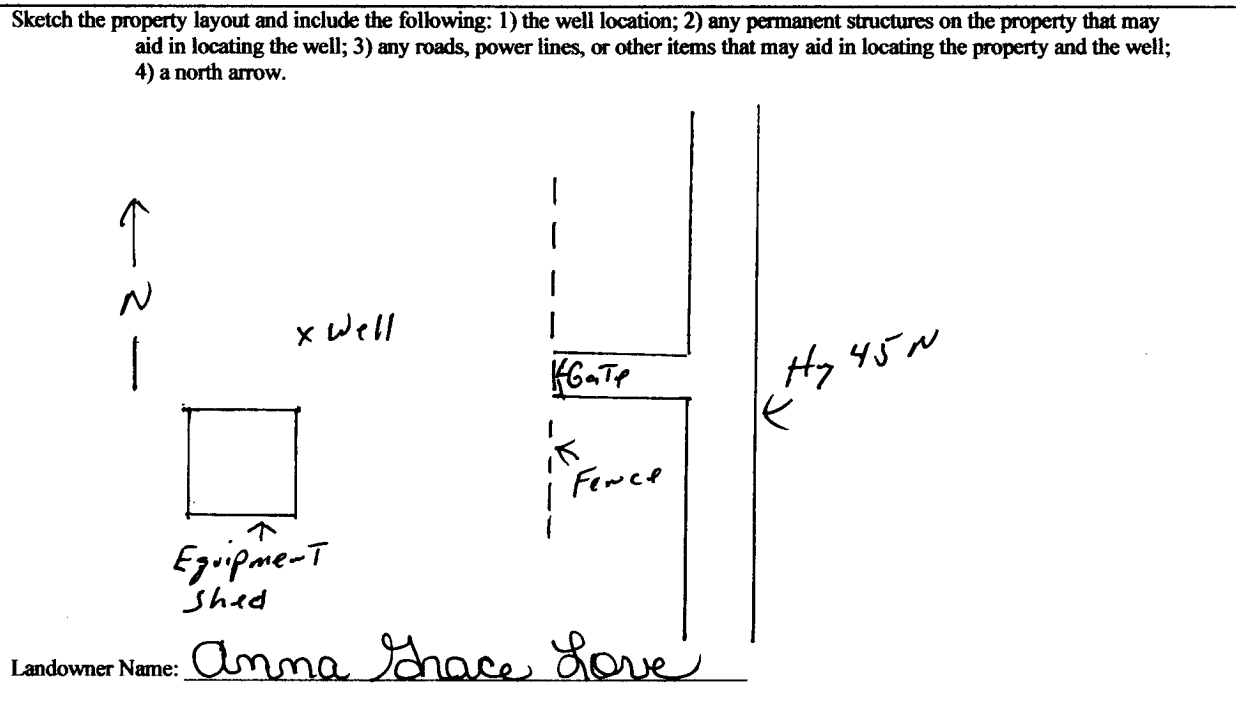
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Blue clay	Ground Level	285
Sandy clay	285	341 1/2
Sand	341 1/2	342
Time sandy clay	342	354
Clay	354	373
Sand	373	401
Clay	401	402

If more than one screen, show location of each on sketch



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.

UNR
Donald Clardy 00000496 9/10/12

Donald Clardy

Print Name of Responsible Licensee and License No.

Date

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: Howard
 Permit #: _____
 Driller: Clardy Drill
 Date completed: 8/23/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 050
 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>Anna Grace Dove</u>	Latitude: <u>33° 20.979</u> Longitude: <u>088° 32.237</u>
Mailing Address: <u>113 11th St N</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39101</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 8 T 17N R 17E</u>
Telephone No. <u>662 328-6503</u>	Distance Direction Nearest Town <u>4 1/2</u> Miles <u>NE</u> of <u>Crawford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8/23/12</u>	Setting Depth: <u>180</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>8/23/12</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>105'</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>15</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 Clardy UNR 00000496 Donald Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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