

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)

County: Madison
 Permit #: 3 MS-GV-16033
 Driller: Donald Smith Co
 Date drilling completed: 8-1-06

For Office Use Only:

Aquifer: _____
 Well #: V-87
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Bear Creek WA</u>	Latitude: <u>32° 28' 01"</u> Longitude: <u>90° 10' 37"</u>
Mailing Address: <u>P.O. Box 107</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Canton MS 39046-0107</u>	SE ¼ NE ¼ Sec <u>10</u> Twn <u>7N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>856-5969</u>	<u>4</u> Miles <u>W</u> of <u>Madison City</u>

Well / Borehole Data

Date drilling started: 2-5-06 Date drilling completed: 8-1-06 Hole depth: 1500 Hole diameter: 10"

Location of the source of any surface water used for drilling: Stand pipe tank

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 430 feet above or below (circle one) land surface Date measured: 7-1-06

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

Well depth: 1304 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 1130 feet Casing diameter: 20 inches Type of casing: 500 wall Black steel

Screen length: 119 feet Screen diameter: 10 inches Type of screen: Stainless (Johnson)

Screen slot size: .20 inches Setting depth: From 1135 feet to 1304 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole _____ Natural Development _____

Other (describe): _____

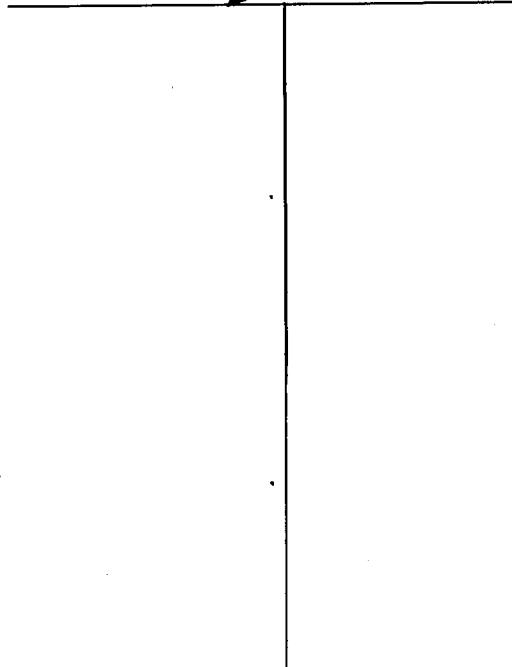
Top of lap pipe or reduction in casing: 1015 feet. *If telescoped or more than one screen, describe on next page*

V-87

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

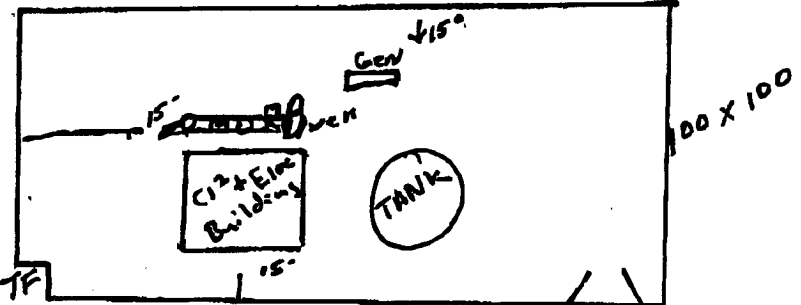


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red sand and pea gravel	Ground Level	33
Clay	33	91
Clay w/ lignite	91	147
Clay	147	367
Clay w/ shell streaks	367	523
Clay w/ sand streaks	523	740
Clay w/ shell streaks	740	834
Sandy w/ shell and clays	834	1130
SAND	1130	1304
Sandy w/ clay breaks	1304	1364
Sandy clay	1364	1424
Sandy clay w/ lignite	1424	1500

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: _____

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. Ryan Herndon 0-700

Date

Signature of Licensee [Handwritten Signature]

Dep Log # V-0087

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: Madison
 Permit #: MS-CW-16033
 Driller: Donald Smith
 Date completed: 3-30-07
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: V-87
 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>Bear Creek W.A</u>	Latitude: <u>322601N</u> Longitude: <u>901037W</u>
Mailing Address: <u>P.O. BOX 107</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Canton MS 39046-0107</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 10 T 7N R 1E</u>
Telephone No. <u>(601) 856-5969</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>Madison</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>350</u>
Date Pump Installed: <u>3-20-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>1</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-21-07</u>	<u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>422</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>482</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>1594</u> GPM with a drawdown of
Test Pumping Rate: <u>1594</u> Gallons Per Minute	<u>60</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ryan Herndon 0-700
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B