

County: Monroe
 Permit #: _____
 Driller: Clardy Drill
 Date drilling completed: 7/1/09

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: _____
 Well #: 7109
 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>Vaughn Koehn</u> | Latitude: <u>33° 41' 68"</u> Longitude: <u>88° 38' 14"</u> |
| Mailing Address: <u>10180 Strong Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Aberdeen, MS 39130</u> | USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 14 Twn 16S Rng 6E</u> |
| Telephone No. <u>(662) 494-9433</u> | Distance Direction Nearest Town <u>8 Miles SW of Aberdeen</u> |

Well / Borehole Data

Date drilling started: 6/29/09 Date drilling completed: 7/1/09 Hole depth: 332 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: 150 feet above or below (circle one) land surface Date measured: 7/2/09

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

Well depth: 332 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cemen Bentonite Mix

Casing length: 181 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 292 feet to 332 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*

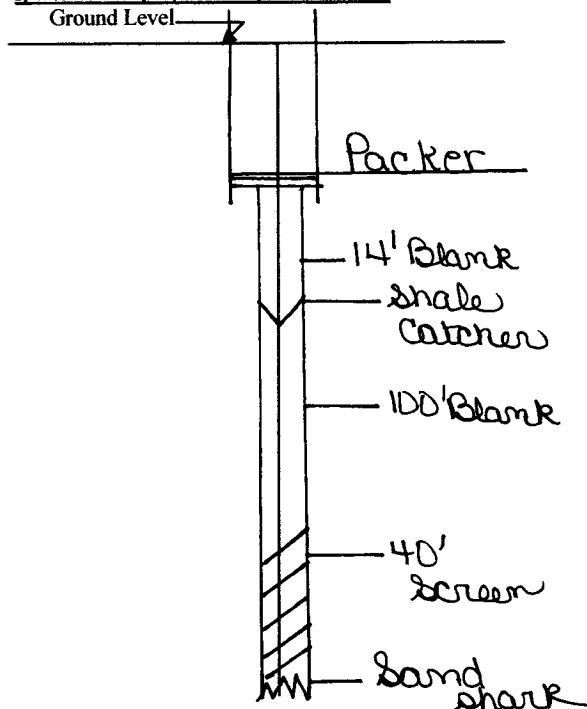
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

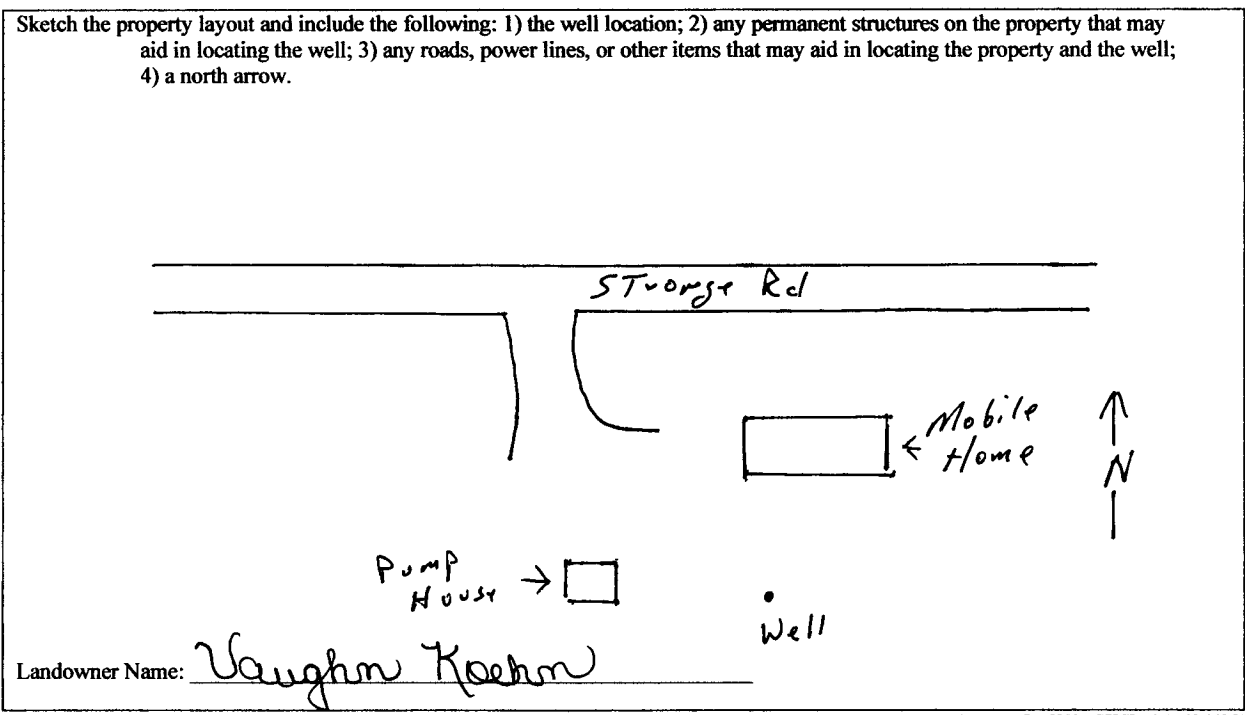
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Brown Clay | Ground Level | 4 |
| White clay | 4 | 30 |
| Blue clay | 30 | 147 1/2 |
| Sandy hard clay | 147 1/2 | 162 |
| Sandy rocky clay | 162 | 168 |
| Sandy clay | 168 | 222 |
| fine sand | 222 | 268 |
| sand | 268 | 280 |
| sandy clay | 280 | 293 |
| sandy | 293 | 325 |
| sandy clay | 325 | 332 |
| Rock | 332 | |
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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.

Donald B. Clardy 0-496 7/23/09 *Donald B. 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: Monroe
 Permit #: _____
 Driller: Clardy Drill
 Date completed: 7/2/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø109
 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>Vaughn Keeshm</u> | Latitude: <u>N 33° 41.688</u> Longitude: <u>W 088° 38.144</u> |
| Mailing Address: <u>10188 Strong Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Aberdeen, MS 39730</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | <u>NE ¼ NE ¼ Sec 14 T16S R6E</u> |
| Telephone No. <u>(662) 494-9433</u> | Distance Direction Nearest Town |
| | <u>8</u> Miles <u>SW</u> of <u>Aberdeen</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>7/2/09</u> | Setting Depth: <u>160</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>7/2/09</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>150</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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