

County: Monroe
 Permit #: _____
 Driller: Clardy Drill
 Date drilling completed: 9/20/07

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)

For Office Use Only:
 Aquifer: _____
 Well #: Q-100
 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>Hamilton Primitive Baptist Church</u>	Latitude: <u>33° 41' 870"</u> Longitude: <u>088° 25' 965"</u>
Mailing Address: <u>Country Club Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Hamilton, MS 39746</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	SW ¼ SW ¼ Sec <u>4</u> Twn <u>16.5</u> Rng <u>18w</u>
Telephone No. <u>662 328-3225</u>	Distance <u>9</u> Miles Direction <u>SE</u> of Nearest Town <u>Aberdeen</u>

Well / Borehole Data

Date drilling started: 9/17/07 Date drilling completed: 9/18/07 Hole depth: 182 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: Church

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 17 feet above of below (circle one) land surface Date measured: 9/20/07

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

Well depth: 182 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 8 1/2 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

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

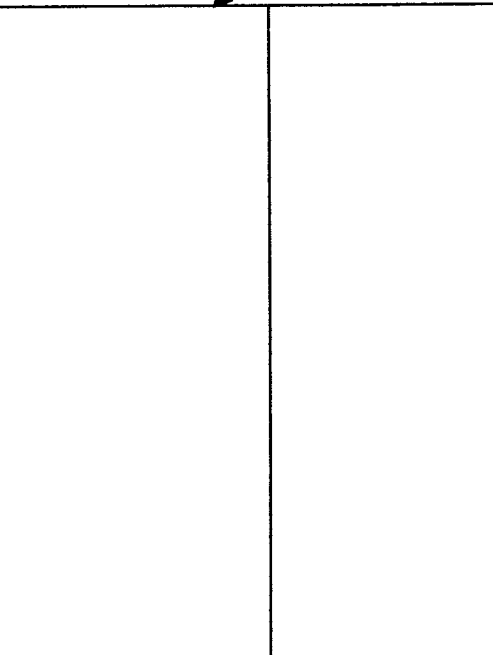
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

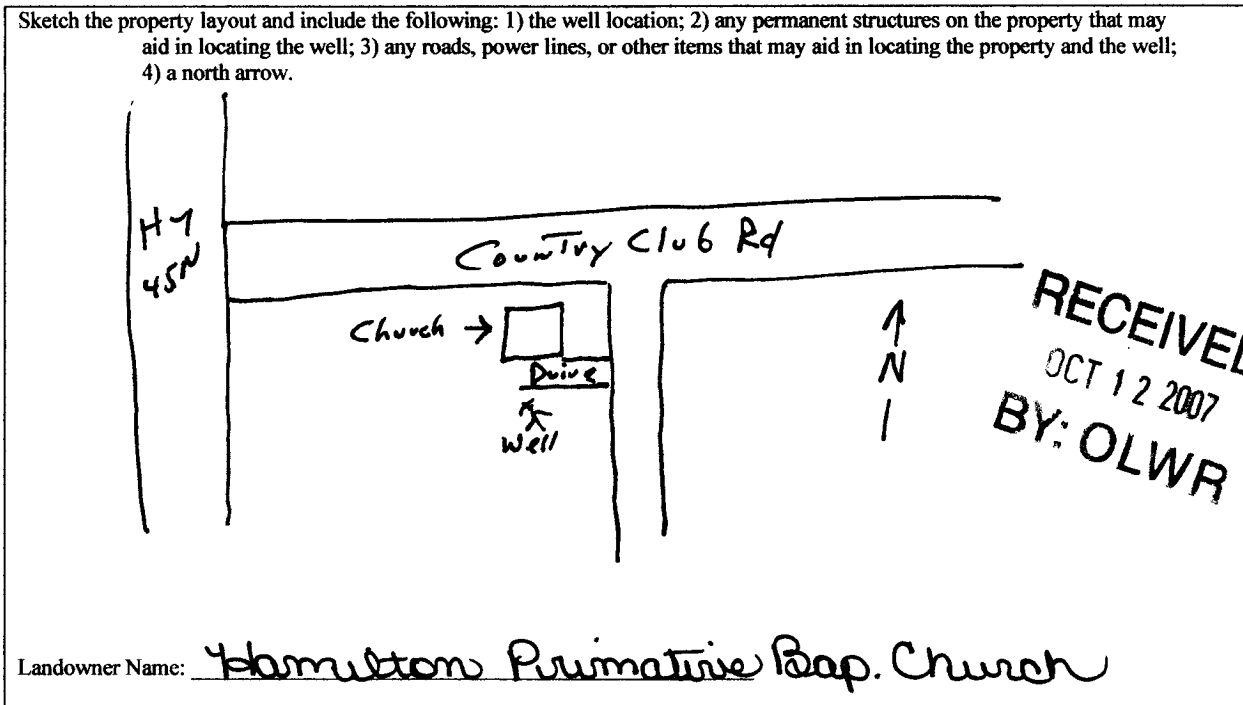


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground Level	4
Sand & gravel	4	30
Sand	30	36
Blue clay	36	66
Clay	66	69
Sandy clay	69	71
Clay	71	84 1/2
Sandy clay	84 1/2	85
Rock	85	92
Sandy clay	92	106
Clay	106	126
Sandy clay - fine sand	126	150
Clay	150	155
Broken clay	155	182
Clay		

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

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 0496 10/9/07
Print Name of Responsible Licensee and License No. Date

Donald B. Clardy
Signature of Licensee

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: Monroe
 Permit #: _____
 Driller: Clardy Well
 Date completed: 9/20/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-100
 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>Hamilton Primitive Baptist C.</u>	Latitude: <u>33° 41' 870"</u> Longitude: <u>088° 25' 965"</u>
Mailing Address: <u>Courtesy Club Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hamilton, MS</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>W.R. Smith</u> Telephone No. <u>662 328-3225</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
	Distance Direction Nearest Town
	<u>9</u> Miles <u>SE</u> of <u>Abbeville</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>1/2</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>7</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/20/07</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>17</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 D-496 Donald B. Clardy
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer