

State Well Report

Part 1

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 #: G-147
L. S. Elevation: _____
E-Lot #: _____

County: SHARKEY 18
Permit #: MS-GW-16006
Driller: LAYNE-CENTRAL
Date Drilling Completed: 7/29/04

Layne Central Company

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name <u>TOWN OF CARY</u>	Latitude: <u>32 ° 48 ' 19 "</u> Longitude: <u>90 ° 55 ' 32 "</u>
Mailing Address: <u>201 OAK CIRCLE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CARY, MS 39054</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	SW <u>1/4</u> NW <u>1/4</u> Sec <u>16</u> Twn <u>11N</u> Rng <u>7W</u>
Telephone No. (<u>662</u>) <u>873-6679</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>SOUTH</u> of <u>CARY</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: --

Date well drilling started: 6/10/04 Date well drilling completed: 7/29/04

If flowing, method of flow regulation: Valve N/A Other (describe) --

Static Water Level: 43 feet above or below (circle one) land surface Date Measured: 7/26/04

Method of Measurement (circle one) steel tape electric tape air line Other: --

Hole depth: 860' Well depth: 775' Well grouted to a depth of 750 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 750' feet Casing diameter: 10" inches Type of casing: STEEL

Screen length: 20' feet Screen diameter: 6" inches Type of screen: STAINLESS ROD-BASED

Screen slot size: 0.020 inches Setting depth: From 755 feet to 775 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: 666' feet. If telescoped or more than one screen, describe on back of page.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: --

Name of organization running log(s): LAYNE-CENTRAL

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

LAYNE-CENTRAL

0-064

Ralph Hayes

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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OCT 12 2004

BY: OLWR

G-147

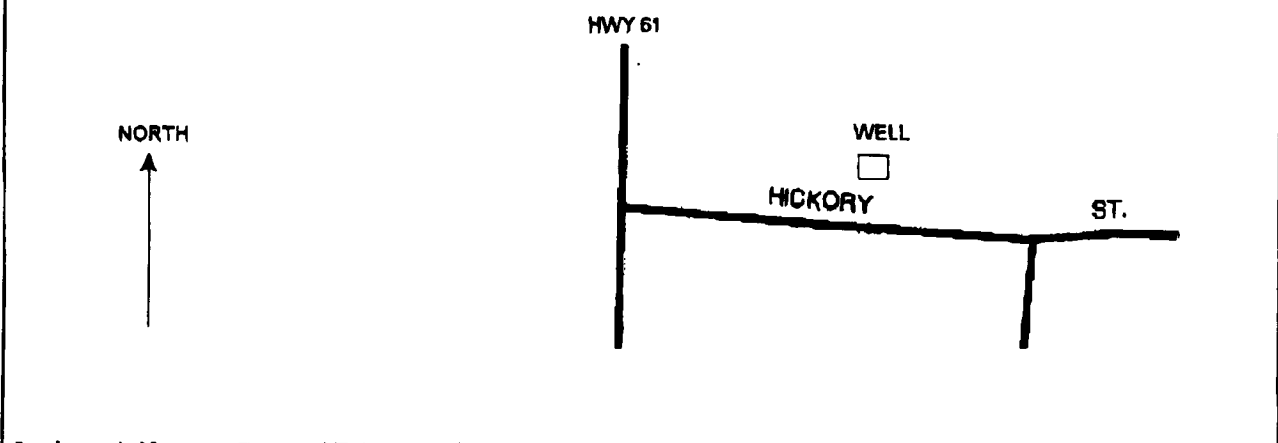
If well telescopes, please sketch below and show depths.

Ground level

Description of Formations Encountered	From	To
CLAY	0	20
SANDY GRAVEL	20	175
SANDY CLAY	175	210
FINE SAND / CLAY STREAKS	210	435
CLAY & SANDY STREAKS	435	680
COARSE SAND & CLAY STREAKS	680	718
SANDY CLAY	718	750
FINE SAND	750	777
CLAY / SAND STREAKS	777	870

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) indicate direction.



Landowner's Name: TOWN OF CARY, MS

LAYNE-CENTRAL
By: Ralph Hayes
Signature of Water Well Contractor

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OCT 12 2004
BY: OLWR

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)

For Office Use Only:

Aquifer: _____
 Well #: G-147
 Elevation: _____

County: SHARKEY
 Permit #: MS-GW-16006
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 7/29/04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name <u>TOWN OF CARY</u>	Latitude: <u>32 ° 48 ' 19 "</u> Longitude: <u>90 ° 55 ' 32 "</u>
Mailing Address: <u>201 OAK CIRCLE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CARY, MS 39054</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>16</u> Twn <u>11N</u> Rng <u>7W</u>
Telephone No. (<u>662</u>) <u>873-6679</u>	Distance Direction Nearest Town
	<u>½</u> Miles <u>SOUTH</u> of <u>CARY</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>---</u>
Other (specify): <u>---</u>	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>9/20/04</u>	Setting Depth: <u>166</u> feet
Rated Pump Capacity <u>300</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>11/2/04</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): <u>---</u>
Pumping Water Level (B): <u>104</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>---</u> feet
Drawdown [(B) - (A)]: <u>56</u> Feet Below Land Surface	Well yielded <u>302</u> GPM with a drawdown of
Test Pumping Rate: <u>302</u> Gallons Per Minute	<u>56</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I hereby certify that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____

RECEIVED
 APR 04 2005
 BY: OLWR