

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: TIPPOAH
Permit #: 565
Driller: WILSON WEN-JOHN LIX
Date drilling completed: 8-1-06

For Office Use Only:

Aquifer: _____
Well #: B-32
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>JUSTY CARTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>801 CR 128</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Walnut</u> <u>Ms</u> <u>38683</u>	<u>1/4</u> <u>1/4</u> Sec <u>13</u> Twn <u>T15</u> Rng <u>R4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(931) 607-2055</u>	<u>4</u> Miles <u>N</u> of <u> Hwy 72 E of 100</u>

Well / Borehole Data

Date drilling started: 8/1/06 Date drilling completed: 8/1/06 Hole depth: 145' Hole diameter: 4

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - DIRECT

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: 50 feet above or below (circle one) land surface Date measured: 8-1-06

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

Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PLASTIC PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PLASTIC PVC

Screen slot size: .010 inches Setting depth: From 135 feet to 145 feet

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

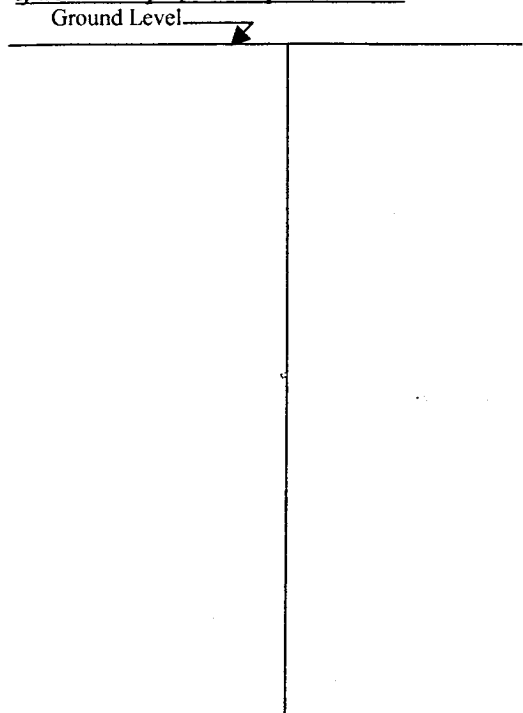
Top of lap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

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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

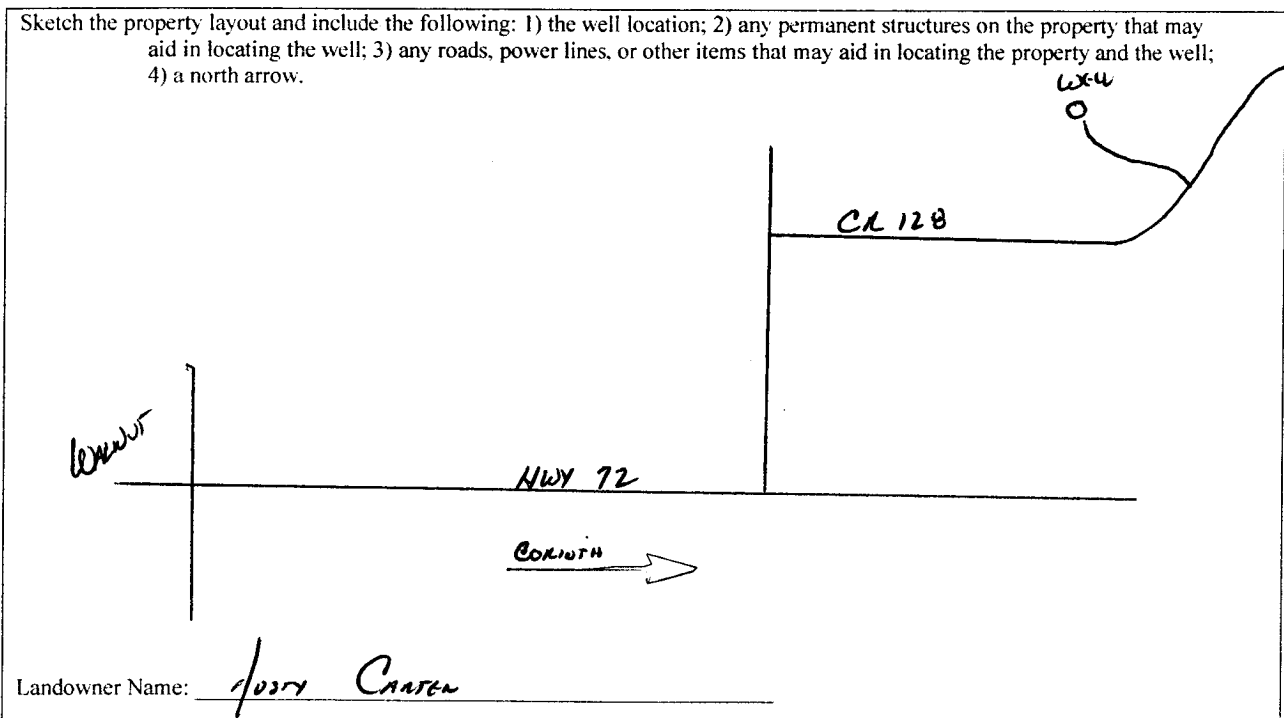
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
RED CLAY	0	15
RED SAND	15	30
WHITE CLAY / SAND	30	45
SAND / ROCK	45	60
BLUE CLAY	60	70
SAND	70	75
BLUE CLAY	75	80
SAND	80	90
SAND / ROCK	90	120
SAND	120	170
SAND	170	175

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:

JERRY CARTER

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.

Rodney Wilson 0-418 8-15-06
Print Name of Responsible Licensee and License No. Date

RJ O'Neil
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: TIPPAN
 Permit #: 565
 Driller: Wilson Well - Tom Cox
 Date completed: 8-2-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-32
 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>JUSTY CARTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>801 CR 128</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Waldorf</u> <u>Ms</u> <u>38683</u> City State Zip Code	_____ ¼ _____ ¼ Sec <u>13</u> T <u>T15</u> R <u>R4E</u>
Telephone No. <u>(731) 607-2055</u>	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>HWY 72 E</u> OF 100

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8-2-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12-14</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>PVC PLASTIC PIPE</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12-14</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.

Rodney Wilson 0-418 Ref Oll
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
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