

**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: Union
Permit #: ~~16650~~ 16650
Driller: Donald Smith Co.
Date drilling completed: 9/30/08

For Office Use Only:
Aquifer: _____
Well #: H-83
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>Wallerville Water Assoc.</u>	Latitude: <u>34° 26' 42" N</u> Longitude: <u>88° 56' 47" W</u>
Mailing Address: <u>PO Box 649</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>New Albany, MS 38652</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>7S</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>New Albany</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 3/31/08 Date drilling completed: 9/30/08 Hole depth: 1160 Hole diameter: 15"

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: potable water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): MS Office of Geology

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: 369 feet above or below (circle one) land surface Date measured: 10/09/08

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

Well depth: 1160 Well grouted to a depth of 1000 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1000 feet Casing diameter: 10" inches Type of casing: API

Screen length: 155 feet Screen diameter: 6 inches Type of screen: SS Wire Wrapped

Screen slot size: 40' .015 inches Setting depth: From 1005 feet to 1160 feet
115' .010

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*

Replaces #1 well

Replaces MS-GW-00755

Form: OLWR-SWR-1A

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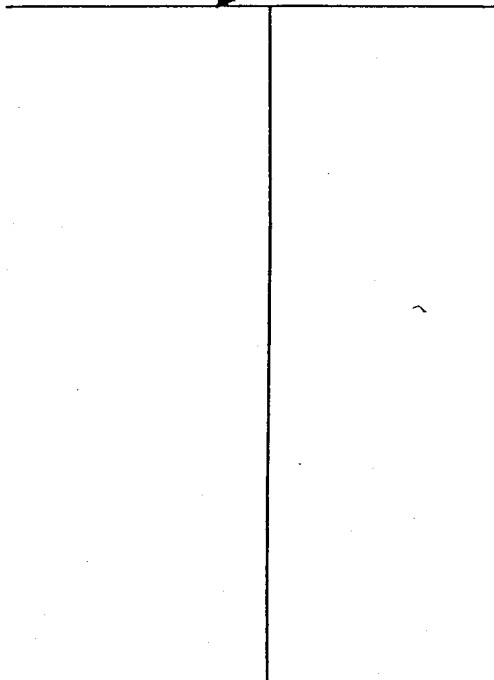
BY: OLWR

H. 8. 3

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)
	Ground Level	
Sandy Clay	0	52
Rock	52	56
Clay	56	112
Rock	112	116
Sandy Clay	116	121
Rock	121	122
Sand w/ Rock	122	176
Clay	176	303
Sandy Clay	303	306
Grey Sand	306	314
Clay	314	348
Tough Clay	348	390
Sandy Clay	390	407
Clay	407	412
Sandy Clay	412	440
Clay	440	586
Tough Clay	586	600
Sandy Clay	600	628
Rocky Clay	628	647
Rock	647	648
Sand & Shell	648	661
Rock	661	662
Sand & Shell	662	714

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.

Ronald Smith 0-767 _____
Print Name of Responsible Licensee and License No. Date

Ronald Smith
Signature of Licensee

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Clay	714	743
Tough Clay	743	758
Rock	758	759
Sandy Clay	759	763
Sand	763	790
Clay	790	800
Sandy Clay	800	810
Tough Clay	810	860
Sandy Clay	860	865
Clay & Rock	865	869
Rock	869	870
Sandy Clay	870	876
Clay	876	880
Sandy Clay	880	961
Rock	961	962
Sand	962	964
Rock	964	965
Clay	965	973.
Grey Sand w/shell & Clay	973	1160
Clay	1160	1180
White & Rock	1180	1192

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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: Union
 Permit #: MS-GW-06755
 Driller: Donald Smith Co
 Date completed: 01/13/09
Copy information from check on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H-83
 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>Wallerville Water Assoc</u>	Latitude: <u>342642N</u> Longitude: <u>885647W</u>
Mailing Address: <u>Po Box 649</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>New Albany MS 38652</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>26</u> T <u>7S</u> R <u>3E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>New Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>60</u>
Date Pump Installed: <u>12/12/09</u>	Setting Depth: <u>644</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>19</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/29/09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>372</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>541</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>169</u> Feet Below Land Surface	Well yielded <u>289</u> GPM with a drawdown of _____
Test Pumping Rate: <u>289</u> Gallons Per Minute	_____ feet after <u>17</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>17</u> hours	

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

Donald E Smith 0-767 Donald E Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B
 FEB 05 2009
 BY: OLWF