

County: WAYNE  
 Permit #: 0-205  
 Driller: GILBERT CARR  
 Date drilling completed: 12-10-07

**State Well Report**  
**Part I - Driller's Log**  
 Michigan Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 1400  
 Jackson, MI 48602-0140  
 (601)951-5210  
 (601)954-0900 (fax)

Permit Number: \_\_\_\_\_  
 State: D-38  
 U.S. Service: C70  
 Date: \_\_\_\_\_

State Law requires that this report be prepared by the licensed driller responsible for the work and filed with the Department at the above address within 30 days of completion of drilling.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Bubba Bunch</u>	Latitude: <u>088° 38' 32" N</u> Longitude: <u>31° 48' 8.44" W</u>
Mailing Address: <u>725 Hiwonee</u> <u>Chapperal Rd</u> <u>Waynesboro MS 39367</u>	Method of Locating (check one): <u>19</u> <u>50</u> <input type="checkbox"/> USGS quad, <input type="checkbox"/> East-odd GPS, <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/> <u>24</u> <u>10</u> <input type="checkbox"/> <u>SE</u> <input type="checkbox"/> <u>7W</u> <input type="checkbox"/> <u>2</u> <u>10</u> <u>10</u> <input type="checkbox"/> <u>2</u> <u>10</u> <u>10</u>
City: <u>Waynesboro</u> State: <u>MS</u> Zip Code: <u>39367</u>	Drainage District: <u>2</u> <u>10</u> <u>10</u>
Telephone No. (601) <u>735 5877</u>	

**Well/Borehole Data**

Date drilling started: 11-4-07 Date drilling completed: 12-10-07 Hole depth: 370 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Well water - 2700 GAL

Method of casing and volume of Chlorine used in casing and development: 602 HTH mud P.I.T

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 \_\_\_\_\_  Groundwater Sampling \_\_\_\_\_

Scientific Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, check the appropriate classification.*

Purpose of Well (check one):  Home  Industrial  Public Supply  Irrigation  Field Culture  Other \_\_\_\_\_

If a flowing well, method of flow regulation: Valve 73/A Other (describe) \_\_\_\_\_

Static Water Level: 117' feet above or below (circle one) land surface  1219.0'

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

Well depth: 370 Well grouted to a depth of 20 feet Type of grout (circle one):  Best Practice  Mortar  Mix \_\_\_\_\_

Casing length: 355 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC WRP

Screen slot size: 8 inches Setting depth: From 355 feet to 370 feet

Type of completion (circle all applicable): Gravel packed  Underreamed   Enhanced  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lay pipe or reduction in casing: 255' feet  Estimated  Measured

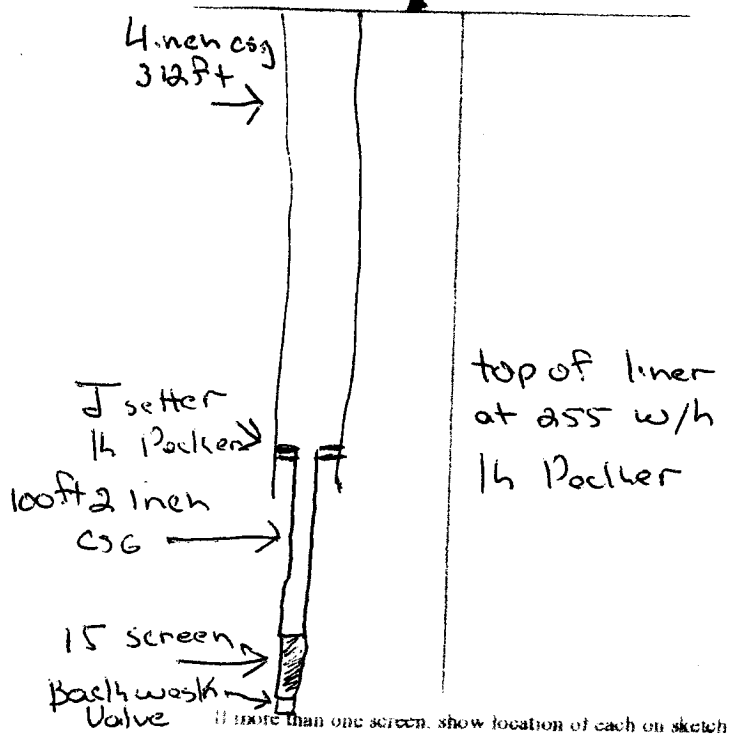
FORM 62 (REV. 03/04)

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38  
C70

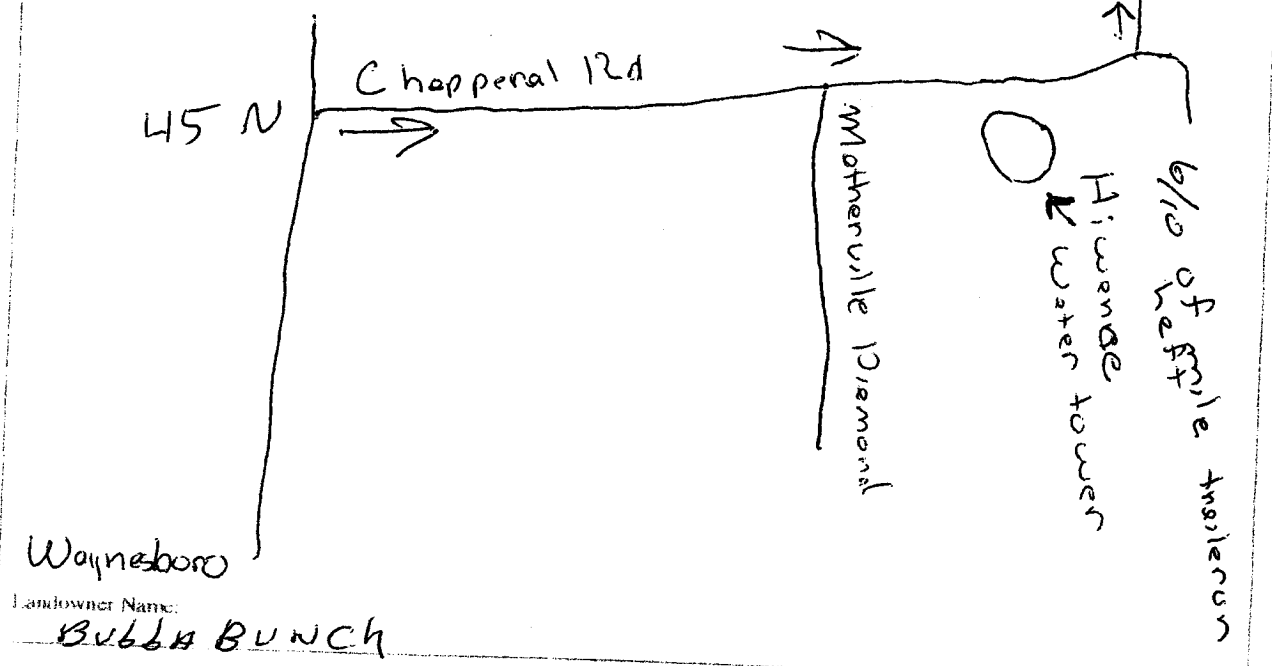
... of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.  
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	0	2
Red Sand	2	15
Red Sand with small pieces of clay	15	23
Blue Clay	23	56
Rock	56	57
Grey clay	59	102
Sandy Grey clay	102	113
Rock strainers	113	135
Gray clay	135	175
Bluish clay	175	194
Rock	194	210
Grey Bluish clay w rock	210	246
Gray clay	246	294
Bluish clay with sand	294	306
Blue clay	306	312
Fine Gray sand	312	319
Clay w sand	319	327
Clay with sand	327	335
Fine Clay with sand	335	345
Fine Sand	345	363
Fine to med	363	390

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.



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.

Form: OLWR-SWR-1A

GILBERT CARL 2-205 12-4-07  
Print Name of Responsible Licensee and License No. Date

*Gilbert Carl*  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: D-38

Elevation: C70

County: Wayne  
 Permit #: 0205  
 Well #: Gilbert Carr  
 Date completed: 12/10/07  
 Case Information Form (MS-OLWR-1)

*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 submitted and kept on file with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Bobba Bunch</u>	Latitude: <u>08838324</u> Longitude: <u>31048.344</u>
Mailing Address: <u>885 Hiwannee</u> <u>Chapperal Rd</u> <u>Waynesboro MS 39367</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey <u>50</u> USGS quad _____ Hand-held GPS <u>19</u> Survey-grade GPS _____
Telephone No. <u>(601) 735 5877</u>	<u>SE SE</u> 1/4 Sec <u>24 T. 6 N R. 10 W</u> Direction Nearest Town <u>8</u> Miles <u>East</u> of <u>Hiwannee</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12/4/07</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>1hp10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/9/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>117</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>23</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>23</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Gilbert Carr 0205 Gilbert Carr  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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