

County: Wayne
 Permit #: 0265
 Driller: GILBERT CANN
 Date drilling completed: 9-8-12

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 #: F 124
 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>LISA COOLEY</u>	Latitude: <u>31° 44' 57"</u> Longitude: <u>88° 55' 23"</u>
Mailing Address: <u>LINDSEY RD.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>31</u> <u>14</u>
<u>Waynesboro MS 39367</u>	USGS quad: <u>Hind-hold GPS, Survey-grade GPS</u>
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 17</u> <u>Twn 9N</u> <u>Rng 9W</u>
Telephone No. <u>(601) 319-6591</u>	Distance Direction Nearest Town <u>20</u> Miles <u>WEST</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 9-4-12 Date drilling completed: 9-8-12 Hole depth: 238' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPELAND RD. BUCK ATAMA
 Method of dosing and volume of Chlorine used in drilling and development: 12.02 HTH FOR 3000 GAL WATER

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 _____
 Scientific Survey _____ Other (describe) _____
 If drilling is not related to water well construction, attach the remainder of this block _____

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: CHICKEN HOUSE

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

Static Water Level: 88' foot above or below (circle one) land surface Date measured: 9-8-12

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

Well depth: 238' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Heatcure Mix

Casing length: 185 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.10 inches Setting depth: From 110 feet to 130 feet

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

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

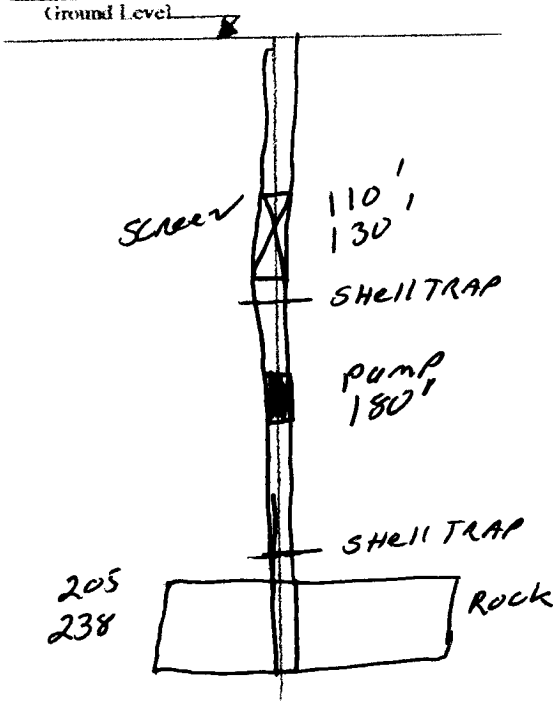
Form: OLWR-SWR-1A

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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)
	Ground Level	
TOP SOIL	0	2
Yellow / Gray clay	2	9
GRAY CLAY	9	25
Yellow clay / sand	25	28
Yellow sand / pink clay	28	32
SAND / SAND ROCK	32	45
Med white sand	45	55
COURSE SAND	55	86
GRAY CLAY	86	88
SAND GRAY CLAY	88	137
ROCK	137	138
White Chalk Clay	138	142
ROCK	142	161
GRAY / Blue CLAY	161	162
ROCK	162	163
Blue CLAY	163	164
ROCK	164	165
GRAY / Blue CLAY	165	205
ROCK	205	238

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.

FROM WAYNESBORO 184 W TO PLEASANT GROOVE SANDVILLE RD
 GO 2 mile TO JACK CLARK ON RT GO 1 mile TO WILLIE VARN RD.
 ON RT GO 1/4 mile TO LINDSEY RD. ON RT GO 1/4 mile
 TO DIRT DR. ON LT GO 1/4 mile TO CHICKEN HOUSE ON RT

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.

GILBERT CARR 9-10-12 Gilbert Carr
 Print Name of Responsible Licensee and License No. Date 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: Wayne
 Permit #: 0205
 Driller: GILBERT CARL
 Date completed: 9-10-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F124
 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>Lisia Cooley</u>	Latitude: <u>31.44.517</u> Longitude: <u>088.55233</u>
Mailing Address: <u>Lindsey RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Waynesboro ms 39367</u>	<u>SE 1/4 SW 1/4 Sec 17 T 9N R 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>318 446 6591</u>	<u>20</u> Miles <u>WEST</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>9-10-12</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>88</u> Feet <u>Below</u> Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>92</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>2</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

GILBERT CARL Gilbert Carl
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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