

County: WAYNE
 Permit #: 0205
 Driller: GILBERT CARR
 Date drilling completed: 9-11-07

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 #: Q-43
 L. S. Elevation: H 206
 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>JOEY HENDERSON</u>	Latitude: <u>33° 42' 21.6"</u> Longitude: <u>91° 42' 42.4"</u>
Mailing Address: <u>2273 WAYNESBORO SHUBTA</u> <u>Rd WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>24</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 SW 1/4 Sec <u>33</u> Twn <u>2N</u> Rng <u>9W</u> SW NW 9N 7W
Telephone No. <u>(601) 735 2933</u>	Distance: <u>1</u> Miles <u>north</u> of <u>Liberty Church</u> <u>OR 2 miles north of Woodards</u>
Well / Borehole Data	
Date drilling started: <u>9-10-07</u> Date drilling completed: <u>9-11-07</u> Hole depth: <u>159</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>Well WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4 OZ IN MUD PAN 1205g</u>	
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 <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): <u>(Home)</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>90</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>9-11-07</u>	
Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____	
Well depth: <u>159</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): <u>(Neat Cement)</u> Bentonite Mix	
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>N/A</u> feet Screen diameter: <u>N/A</u> inches Type of screen: <u>N/A</u>	
Screen slot size: <u>N/A</u> inches Setting depth: From <u>N/A</u> feet to <u>N/A</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped <u>(Open hole)</u> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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Q-43 H206

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.

Ground Level _____

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
TOP SOIL	0	2
Red SANDY CLAY	2	10
White SANDY CLAY	10	13
Pink & white CLAY	13	17
White & yellow med SD	17	20
Pink & white CLAY	20	35
Blue CLAY	35	57
ROCK	57	61
ROCK STRATORS	61	70
Blue CLAY	70	79
ROCK STRATORS	79	89
GRAY CLAY	89	92
ROCK STRATORS	92	99
GRAY CLAY	99	129
ROCK	129	156
White CLAY	156	159

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.

WOODARD WAYNESBORO SHUBTARD 2 1/2 miles OR 1 mile
 NORTH OF LIBERTY CHURCH MAIL BOX # 2273 LEFT TO END
 OF RD WISSCROSS DAM TO POND WELL UP ON HILL
 APP 150' FROM HSE ONE EAST END OF HSE

Landowner Name: JOEY HENDERSON

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 CARP 0.205 9-11-07

Gilbert **RECEIVED**

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)334-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: Q-43

Elevation: H206

County: WAYNE
 Permit #: 0-206
 Diller: GILBERT + CARR
 Date completed: 9-19-07
 Complete information from Part 1 of Form 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 with this report filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>JOEY HENDERSON</u>	Latitude: <u>028°42'26"</u> Longitude: <u>81°04'24"</u>
Mailing Address: <u>2273 WAYNESBORO</u> <u>SHUBTA RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>WAYNESBORO</u> <u>MS</u> <u>39367</u> City State Zip Code	<u>NW 1/4 Sec 33 T 74 R 9W</u> SW NW 9N 7W Distance Direction Nearest Town
Telephone No. <u>(601) 775 2933</u>	<u>1 Miles NE of Liberty Church</u>

Pump Type Classification	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" 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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input 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>1</u>
Date Pump Installed: <u>9-19-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-11-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>11</u> Gallons Per Minute	<u>2</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Gilbert Carr 0-206 Gilbert Carr RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-SWR-18
 OCT 18 2007
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