

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: WAYNE
Permit #: 0205
Driller: GILBERT LARR
Date drilling completed: 2-23-07

For Office Use Only:
Aquifer: _____
Well #: J-136
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>RONNIE WELFORD</u>	Latitude: <u>N 31° 43' 11"</u> Longitude: <u>W 0° 54' 34.291"</u>
Mailing Address: <u>252 BILLY COCHRAN DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>292</u>
City _____ State _____ Zip Code _____	<u>1/4 NE 1/4 Sec 27 Twn 9 N Rng 6 W</u>
Telephone No. <u>(601) 735 4088</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 1/2</u> Miles <u>NNE</u> of <u>WAYNESBORO</u>
Well / Borehole Data <u>4 3/4 114 to 212</u>	
Date drilling started: <u>2-15-07</u> Date drilling completed: <u>2-23-07</u> Hole depth: <u>212</u> Hole diameter: <u>6 3/4 to 114</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>2500 GAL 4 OZ HTH PER 1000 GAL</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 _____ Other (describe) _____	
Static Water Level: _____ <u>86</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-23-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>212</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>114</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>2 1/2</u> feet Screen diameter: _____ inches Type of screen: _____	
Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

RECEIVED
MAR 13 2007
BY: OLWR

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 CARR
 Date completed: 2-24-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5-136
 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>Ronnie Welford</u>	Latitude: <u>N 31° 43.111</u> Longitude: <u>W 0.8834296</u>
Mailing Address: <u>252 Billy Cochran DR</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <u>292</u>
City State Zip Code	<u>1/4 NE 1/4 Sec 27 T 9 N R 6 W</u>
Telephone No. <u>(601) 735 4088</u>	Distance Direction Nearest Town <u>3 1/2 Miles NINE of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2-24-07</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-23-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>86</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>116</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>30</u> feet after <u>6</u> 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 0205 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

MAR 13 2007

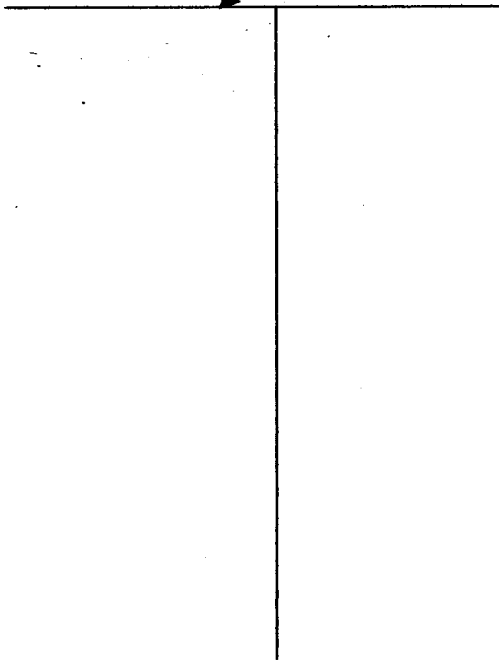
BY: OLWR

J-136

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	
Top Soil	0	3
COARSE Yellow SAND	3	24
COARSE white SAND	24	35
Yellow CLAY	35	40
Blue CLAY	40	57
ROCK	57	58
Blue CLAY	58	69
ROCK HARD	69	70
ROCK STRATERS	70	76
GRAY CLAY	76	104
ROCK HARD & white	104	122
ROCK w/ sea shells	122	142
CREAMY CLAY	142	152
ROCK	152	153
CREAMY CLAY could SOFT Rock	153	159
ROCK	159	173
ROCK & GRAY CLAY	173	212

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.

WAYNESBORO Hwy 84 EAST to GOLF COURT Holly Bush Rd Right
 go APP 1/2 mile Toby LANDRUM Rd LEFT APP 2 miles
 Chicken Hse on both sides Rd Billy COCHRAN Rd LEFT
 APP 1/2 miles AT VERY END OF Rd
 Well Between Hse & BARN

Landowner Name: RONNIE Welford

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 0-205 2-23-07 Gilbert Carr

Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 MAR 13 2007
 BY: OLWR