

**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 #: 2025  
Driller: GILBERT & CARRE  
Date drilling completed: 8-3-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K-44  
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>Edd Shirley</u>	Latitude: <u>30° 30' 36.3"</u> Longitude: <u>91° 42' 17.3"</u>
Mailing Address: <u>P O Box 242</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>10</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 735 3198</u>	<u>NE 1/4 NW 1/4 Sec 32 Twn 9N Rng 5W</u>
	Distance: <u>8</u> Miles Direction: <u>ENE</u> of Nearest Town: <u>WAYNESBORO</u>

**Well / Borehole Data**

Date drilling started: 8-3-07 Date drilling completed: 8-3-07 Hole depth: 96' Hole diameter: 4 3/4" to 96'

Location of the source of any surface water used for drilling: well WATER

Method of dosing and volume of Chlorine used in drilling and development: Mud Pit 250gmi @ time 2000gmi 802 # JH

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 \_\_\_\_\_

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: WASH EQUIPMENT

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 8-3-07 + 8-4-07

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

Well depth: 96 Well grouted to a depth of 20 feet Type of grout (circle one) Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 64 feet Casing diameter: 4 inches Type of casing: PUC

Screen length: N/A feet Screen diameter: N/A inches Type of screen: N/A

Screen slot size: N/A inches Setting depth: From N/A feet to N/A feet

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*

Form: OLWR-SWR-1A

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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 #: K-44

Elevation: \_\_\_\_\_

County: WAYNE  
 Permit #: 0-205  
 Installer: GILBERT CARR  
 Date completed: 8-4-07  
 Cross Reference from Part 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 to the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Edd Shirley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 242</u> <u>WAYNESBORO, MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 32 T9N R5W</u>
Telephone No. (601) <u>735 3198</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>8 Miles ENE of WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Filter <input type="checkbox"/> Turbine	Electric Motor <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>1</u>
Date Pump Installed: <u>8-4-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <del>8</del> <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-4-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>37</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>17</u> feet after <u>4</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 0-205  
 Print Name of Pump Installer and License No. (if applicable)

Gilbert Carr  
 Signature of Pump Installer

Form: OLWR-SWR-18

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