

County: WAYNE  
 Permit #: 0-205  
 Driller: GILBERT CARR  
 Date drilling completed: 11-1-07

**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 #: K-45  
 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>Kelby TAYLOR</u>	Latitude: <u>088° 29' 33.8"</u> Longitude: <u>31° 42' 03.2"</u>
Mailing Address: <u>7 CHESTER DYCESS DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>20</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 33 Twn 9N Rng 6W</u>
Telephone No. <u>(601) 671 0422</u>	Distance: <u>8</u> Miles <u>ENE</u> of <u>WAYNESBORO</u>

**Well / Borehole Data**

Date drilling started: 11-1-07 Date drilling completed: 11-2-07 Hole depth: 184 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: 1500 GAL WELL WATER  
 Method of dosing and volume of Chlorine used in drilling and development: Mud Pit 60Z 44H

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: \_\_\_\_\_

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

Static Water Level: 106' feet above or below (circle one) land surface Date measured: 11-2-07

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

Well depth: 184 Well grouted to a depth of 20 feet Type of grout (circle one): (Neat Cement) Bentonite  Mix

Casing length: 162 feet Casing diameter: 4 inches Type of casing: PVC

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*

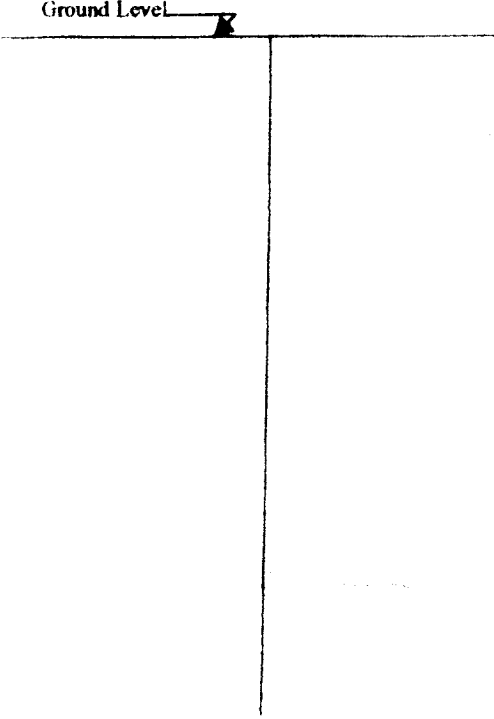
Form: OLWR-SWR-1A

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K-45

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

Well logs show depths on sketch



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
TOP SOIL	0	2
Red SAND	2	24
CoARSE white SD w/CLAY	24	67
CoARSE white SAND	67	72
CoARSE SD w/CLAY	72	78
Yellow CLAY	78	85
Blue CLAY	85	97
Rock STRATORS w/Blue CLAY	97	125
GRAY CLAY	125	161
Lime Rock	161	184

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.

Hwy 45 south to DYCESS BRIDGE Rd Left 80 APP 5 miles  
 To JIM WALKER Rd Right APP 1 1/2 miles Well ON LEFT  
 APP 150 yds OF Rd

Landowner Name: Keby TAYLOR

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 11-2-07  
Print Name of Responsible Licensee and License No.      Date

Gilbert Carr  
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 39209-0631  
 (601)961-5210  
 (601)354-6998 (fax)

County: WAYNE  
 Permit #: 0-205  
 Installer: GILBERT CARR  
 Date completed: 11-27  
 Date information provided to Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-45  
 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 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>Kelby TAYLOR</u>	Latitude: <u>088°29.338</u> Longitude: <u>31°42.032</u>
Mailing Address: <u>Chester DYCess DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 4 SE 4 Sec 33 T9N R5W</u>
Telephone No. <u>(601) 671 0422</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 type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Diaphragm <input type="checkbox"/> 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 <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>11-2-07</u>	Setting Depth: <u>150'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-2-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>106</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: <u>7 1/2</u> feet
Drawdown [(B) - (A)]: <u>34</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>34</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

GILBERT CARR 0-205 Gilbert Carr  
Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

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