

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 7-25-08

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-46
 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>HOWARD EVERETT</u>	Latitude: <u>34° 33' 19.4"</u> Longitude: <u>88° 83' 37.4"</u>
Mailing Address: <u>180 SUNLITE CHURCH RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>23</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 28 Twn 9N Rng 5W</u>
Telephone No. (<u>601</u>) <u>735 6061</u>	Distance: <u>8 1/2</u> Miles Direction: <u>ENE</u> of Nearest Town: <u>WAYNESBORO</u>
Well / Borehole Data	
Date drilling started: <u>7-24-08</u> Date drilling completed: <u>7-25-08</u> Hole depth: <u>133</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>WELL WATER 1000 GAL</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>MUD PAIL 4 OZ 4 TIMES + 25 # 60 DA ASH</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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>10.8'</u> feet above or below (circle one) land surface Date measured: <u>8-25-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____	
Well depth: <u>133</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____	
Casing length: <u>104</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</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): <u>ROD PUMPED</u>	
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
 AUG 25 2008
 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)

For Office Use Only:

Aquifer: _____
 Well #: K-46
 Elevation: _____

County: WAYNE
 Permit #: 0.205
 Driller: Gilbert Carr
 Date completed: 7-25-08
 Case information from block on 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 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>HOWARD EVERETT</u>	Latitude: <u>34° 33' 19"</u> Longitude: <u>88° 83' 37"</u>
Mailing Address: <u>180 SUNLITE CHURCH RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>N4 NW 1/4 Sec 28 T9N R 6W</u>
Telephone No. <u>(601) 735-6061</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>8 1/2</u> Miles <u>ENE</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <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"/>	<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>1/2</u>
Date Pump Installed: <u>7-28-08</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>107</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-25-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>108</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>122</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>122</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>14</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

ARTICE CARR 0.205
 Print Name of Pump Installer and License No. (if applicable)

Gilbert Carr
 Signature of Pump Installer

Form OLWR-SWR-1B

RECEIVED
 AUG 25 2008
 BY: OLWR