

County: Wayne County
 Permit #: 0205
 Driller: Gilbert Carr
 Date drilling completed: 6/2/07

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 #: L-85
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Kenneth Freeman</u>	Latitude: <u>88° 52' 32"</u> Longitude: <u>31° 39' 75"</u>
Mailing Address: <u>89 Bobby Hendry Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Waynesboro</u> State: <u>MS</u> Zip Code: <u>39367</u>	<u>1/4 NW 1/4</u> Sec <u>14</u> Twn <u>8N</u> Rng <u>9W</u>
Telephone No. <u>(601) 735 5194</u>	Distance <u>4</u> Miles <u>W/SW</u> of <u>Whistler</u>

Well / Borehole Data

Date drilling started: 6/1/07 Date drilling completed: 6/2/07 Hole depth: 157 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: well water 1600 gal
 Method of dosing and volume of Chlorine used in drilling and development: 602 1/2 to 1600 gal

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: no log

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 _____ Other (describe) _____

Static Water Level: 33' feet above or below (circle one) land surface Date measured: 6/2/07

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

Well depth: 157 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 140 feet Casing diameter: 4 inches Type of casing: 8 slot wrap PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: 8 slot wrap PVC

Screen slot size: 8 slot inches Setting depth: From 140 feet to 150 feet

Type of completion (circle all applicable): ~~Gravel packed~~ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____
SD
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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 #: 0-205
 Driller: Gilbert Carr
 Date completed: 6/5/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-85
 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>Kenneth Freeman</u>	Latitude: <u>88°58'20</u> Longitude: <u>31°39'795</u>
Mailing Address: <u>89 Bobby Henry Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro MS 39367</u> City State Zip Code	<u>1/4 NW 1/4 Sec 18 T 8N R 9W</u>
Telephone No. <u>(601) 735 5194</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W/SW</u> of <u>Whistler</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6/3/07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> <u>55</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/2/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>33</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>175</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>47</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 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer