

F1 WRS

# 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-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: B-205  
Driller: Gilbert Carr  
Date drilling completed: 6-10-07

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>Henny Freeman</u>	Latitude: <u>31° 39' 05.3"</u> Longitude: <u>88° 52' 33.0"</u>
Mailing Address: <u>51 WILKINSON DR</u> <u>WAYNESBORO MS 39361</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>20</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>286</u>
Telephone No. <u>(601) 735 3081</u>	<u>1/4 NW 1/4</u> Sec <u>23</u> Twn <u>8 N</u> Rng <u>9 W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1.4</u> Miles <u>EAST</u> of <u>STRENGTH FORD</u>

**Well / Borehole Data**

Date drilling started: 6-8-07 Date drilling completed: 6-10-07 Hole depth: 130 Hole diameter: 6 3/4

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: 4 OZ PER TANK 3 TANKS

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: CHICKEN HOUSE

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 6-11-07

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

Well depth: 130 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.10 inches Setting depth: From 120 feet to 130 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*

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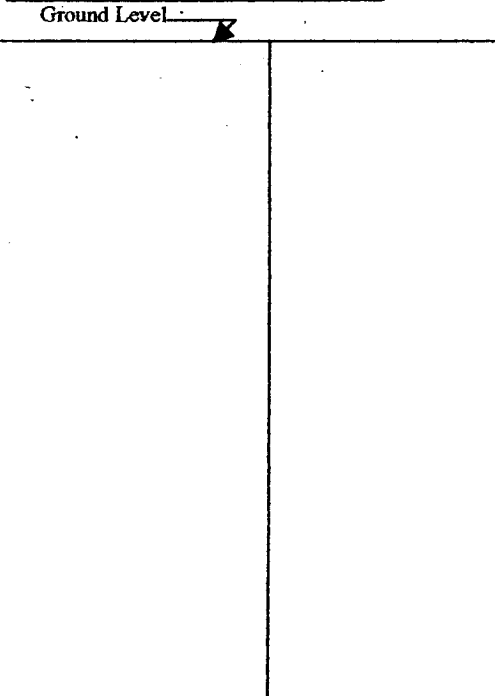
Well #1.

L-86

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
FILL DIRT	Ground Level	
YELLOW CLAY	0	5
White + PINK CLAY	5	8
YELLOW CLAY	8	16
White + GRAY CLAY	16	25
BLuish CLAY	25	35
FINE SAND SAND	35	45
BLUE CLAY	45	75
CREAMY CLAY	75	85
CREAMY SANDY CLAY	85	115
CREAMY CLAY	115	120
FINE WHITE SAND	120	130

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 84 west @ Whistler go APP 2 1/2 miles  
 STRENGTHFORD LEFT 6 miles HAROLD MCCLAIN RD  
 Right go 300yds DIRT RD Right  
 well @ CONTROL ROOM ON 6th HS

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Landowner Name: KENNEY FREEMAN

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 6-19-07 Gilbert Carr

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

Well #1

# 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: WAXHUR  
 Permit #: 0-205  
 Driller: GILBERT CARR  
 Date completed: 6-11-07  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-86  
 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>KENNEY FREEMAN</u>	Latitude: <u>31.39.053</u> Longitude: <u>88.52.330</u>
Mailing Address: <u>51 WILKINSON DR</u> <u>WAXHURSBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>286</u> <u>1/4 NW 1/4 Sec 23 T 8 N R 9 W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 735 3081</u>	<u>4</u> Miles <u>EAST</u> of <u>STRENGTHFORD</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>2</u>
Date Pump Installed: <u>6-11-07</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-11-07</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>67</u> Feet Below Land Surface	Well yielded <u>33</u> GPM with a drawdown of
Test Pumping Rate: <u>33</u> Gallons Per Minute	<u>67</u> feet after <u>7</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>7</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) Signature of Pump Installer

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