

Well #3

# 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 #: 0.205  
 Driller: GILBERT CARR  
 Date drilling completed: 6-15-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-87  
 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>KENNY FREEMAN</u>	Latitude: <u>33° 39' 04.3"</u> Longitude: <u>088° 52' 50.7"</u>
Mailing Address: <u>51 WILKINSON DR</u> <u>WAYNEBORO MS 39367</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>12</u>
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>284</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>7 W</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>6-13-07</u> Date drilling completed: <u>6-15-07</u> Hole depth: <u>155</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>WELL WATER 3000 GAL</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>40Z HTH PER TANK 100</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) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>CHICKEN HSE</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>45'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-16-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____	
Well depth: <u>155</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite _____ Mix _____	
Casing length: <u>145</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>12</u> inches Setting depth: From <u>145</u> feet to <u>155</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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BY OLWR

H. B. WALL

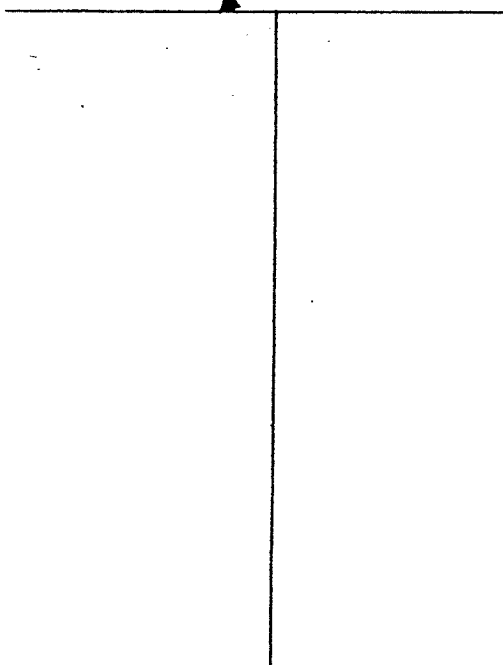
L-87

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.

Ground Level:                     



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
YEL CLAY	0	25
YEL SAND	25	28
YEL + WHITE CLAY	28	35
YEL PINK + WHITE CLAY	35	47
BLUE CLAY	47	64
CREAMY CLAY	64	98
BLuish CLAY	98	110
WHITE CLAY	110	120
Fine white SD + 5% CLAY	120	139
Fine Tight SAND	139	143
FINE SAND	143	150
Fine to med white SD	150	155

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.

Whistler Hwy 84 west go app 2 1/2 miles  
 strength rd rd left 6 miles HAROLD MCCLAIN RD  
 Right 8030 yds DIRT RD Right  
 well UP ON Hill @ west END OF Houses

Landowner Name: KENNY FREEMAN

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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 6-18-07 Gilbert Carr  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A

Well #3

# 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:

Acquifer: \_\_\_\_\_

Well #: L-87

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

County: WALTON  
Permit #: 0.205  
Driller: GILBERT CARR  
Date completed: 6-18-07  
Case Information Form (check one) 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 and kept on file with the Department at the above address within 30 days of well completion.

Owner Information	Well Location
Owner Name: <u>KENNY FREEMAN</u>	Latitude: <u>31°39'04.3</u> Longitude: <u>089°25'21.207</u>
Mailing Address: <u>57 WILKINSON DR</u> <u>WYHESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey <u>12</u> USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS <u>284</u>
City: _____ State: _____ Zip Code: _____	<u>1/4 NW 1/4 Sec 23 T8N R9W</u>
Telephone No. (601) <u>735 3081</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4 Miles EAST of STRENGTH F-RD</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"/>
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"/>
Countershaft <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 1/2</u>
Date Pump Installed: <u>6-18-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>85</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>5.0</u> feet after <u>8 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8 1/2</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 available)

Gilbert Carr  
Signature of Pump Installer

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Form: OLWR-SWR-18  
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