

Well # 2

County: WAYNE  
 Permit #: 0-205  
 Driller: GILBERT CARL  
 Date drilling completed: 6-21-07

**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-88  
 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>KENNEY FREEMAN</u>	Latitude: <u>31° 39' 01.3"</u> Longitude: <u>88° 52' 31.2"</u>
Mailing Address: <u>51 WILKINSON DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>301</u>
Telephone No. <u>(601) 735-3081</u>	<u>1/4 NW 1/4</u> Sec <u>23</u> Twn <u>8N</u> Rng <u>9W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>EAST</u> of <u>STRENGTHFORD</u>
Well / Borehole Data	
Date drilling started: <u>6-18-07</u> Date drilling completed: <u>6-21-07</u> Hole depth: <u>164</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>Well water 2000 GAL</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>80Z IN TANK</u>	
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 <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): 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>49</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-21-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>164</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>142</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10-10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>10-12</u> inches Setting depth: From <u>142</u> feet to <u>162</u> feet	
Type of completion (circle all applicable): <u>SD</u> Gravel packed 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>	

Form: OLWR-SWR-1A

2-88

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

Ground Level\_\_\_\_\_

[illegible]

**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.

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Landowner Name: Kennex FREEMAN

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 v. 205 6-22-07

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

# 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: 6-22-07

Copy information from block on Part 1

For Office Use Only:

Aquifer:

Well #: L-88

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

Owner Name: KENNEY FREEMAN  
Mailing Address: 51 WILKINS AVE  
WAYNESBORO MS 39322  
City State Zip Code  
Telephone No. (601) 735 3081

### Well Location

Latitude: 31° 39' 01" Longitude: 88° 52' 31.2"  
Method of Lat/Long (check one): Conventional Survey 19  
USGS quad 14 NW 1/4 Sec 23 T8N R9W  
Distance Direction Nearest Town  
4 Miles EAST of STRENGTH FORD

### Pump Type

Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well  
Other (specify):  
Date Pump Installed: 6-22-07  
Rated Pump Capacity: 27 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify):  
Horse Power Rating of Motor: 1.5  
Setting Depth: 140 feet  
Number of Stages: 10

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### Pump Test Data

Date Well Tested: 6-22-07  
Static Water Level (A): 49 Feet Below Land Surface  
Pumping Water Level (B): 120 Feet Below Land Surface  
Drawdown [(B) - (A)]: 71 Feet Below Land Surface  
Test Pumping Rate: 25 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 1/2 hours

### Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape  
Other (specify):  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded 25 GPM with a drawdown of  
71 feet after 4 1/2 hours of pumping

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)

Gilbert Carr  
Signature of Pump Installer

Form: OLWR-SWR-1B