

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 10-26-07

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-92
 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>088° 52' 23.4"</u> Longitude: <u>31° 39' 12.2"</u>
Mailing Address: <u>627 Coaley Street Ford Rd WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>07</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(601) 235 3081</u>	<u>NE 1/4 NE 1/4 Sec 14 Twn 8 N Rng 9 W</u>
	Distance: <u>5</u> Miles <u>W.S.W.</u> of <u>BEAT FOUR</u>

Well / Borehole Data

Date drilling started: 10-25-07 Date drilling completed: 10-26-07 Hole depth: 209 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: 2000 GAL 8 OZ HTH

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: _____

If a flowing well, method of flow regulation: Valve W/A Other (describe) _____

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 10-26-07

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

Well depth: 209 Well grouted to a depth of 20 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 199 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 8 inches Setting depth: From 199 feet to 209 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*

ALL INFORMATION 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	
TOP SOIL	0	2
YELLOW CLAY	2	9
FINE YELLOW SAND	9	15
PINK & WHITE CLAY	15	27
WHITE CLAY	27	35
WHITE SANDY CLAY	35	40
BLuish CLAY	40	59
FINE WHITE SAND	59	75
ROCKS	75	76
CREAMY CLAY	76	79
WHITE CLAY	79	102
WHITE CLAY W/ SAND	102	120
FINE WHITE SAND	120	123
WHITE CLAY	120	160
GRAY CLAY	160	180
FINE FINE SAND	180	193
FINE SAND	193	209

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.

Whisper 84 west to Cooley STRENGTH FOR RD LEFT
 APP 3 1/2 miles MAIL BOX ON RIGHT # 627 RIGHT APP
 200 YDS WELL ON RIGHT 150' EAST OF TRAILOR

Landowner Name: KENNEY 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 0.205 10-26-07 Gilbert Carr
 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)

For Office Use Only:

Aquifer: _____

Well #: L-92

Elevation: _____

County: WAYNE

Permit #: 0205

Drafter: Gilbert Carr

Date completed: 10-26-07

Cons information from 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 this report 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>088°52.234</u> Longitude: <u>31.39.122</u>
Mailing Address: <u>627 Carley Street Ford Rd Wayne, MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 14 T8N R9W</u>
Telephone No: <u>(601) 735-3081</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>5 Miles WSW of Beat Four</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 checked="" 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>570</u>
Date Pump Installed: <u>10-26-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-26-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>71/3</u> feet
Drawdown (B)-(A): <u>49</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>49</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 1 hour): <u>4</u> hours	

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

Gilbert Carr 0205 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer