

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CAR
 Date drilling completed: 2-23-07

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 #: M-134
 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>JERMEY D Cooley</u>	Latitude: <u>N 31° 36' 181"</u> Longitude: <u>W 89° 45' 339"</u>
Mailing Address: <u>64 Roger Cooley DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>306</u>
City _____ State _____ Zip Code _____	<u>1/4 NW 1/4 Sec 36 Twn 8 N Rng 8 W</u>
Telephone No. (<u>601</u>) <u>735-5709</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 1/2</u> Miles <u>NW</u> of <u>CLARA</u>

Well / Borehole Data

Date drilling started: 2-15-07 Date drilling completed: 2-23-07 Hole depth: 240 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: 3000 GAL 120Z 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 _____ Other (describe) _____

Static Water Level: 74' feet above or below (circle one) land surface Date measured: 2-20-07

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

Well depth: 240 Well grouted to a depth of 20 feet Type of grout (circle one): (Neat Cement) Bentonite _____ Mix _____

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: 6 slot WRP

Screen slot size: 6 inches Setting depth: From 130 feet to 140 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*

Form: OLWR-SWR-1A

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M-134

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
TOP SOIL	0	2
Red SANDY CLAY	2	12
COARSE YELLOW SAND	12	23
PINK & WHITE CLAY	23	25
CREAMY CLAY	25	53
BLUE CLAY	53	102
FINE FINE SAND	102	126
BLUE CLAY	106	160
Light Blue Clay w/ some SD	160	174
FINE FINE WHITE SD	174	177
FINE TO MED SD	177	179
CREAMY CLAY	179	203
FINE FINE SD	203	205
FINE TO MED SD	205	210
FINE SAND	210	225
FINE TO MED SD	225	228
FINE SAND	228	230
FINE TO MED SAND	230	242

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.

WAYNESBORO HWY 63 SOUTH TO CLARA RIGHT @
 REX RESTURANT STRENGTHFORD RD APP 3 1/2 MILES
 ON LEFT ROGER COOLEY RD VERY END OF
 RD

Landowner Name: JERMEY COOLEY

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 CHARR 2-23-07 Gilbert Carr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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: 2-23-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-134
 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>TERNEY D Cooley</u>	Latitude: <u>N 31° 36' 18.1" Longitude: <u>W 88° 46' 33.9"</u></u>
Mailing Address: <u>64 Ragsdale Cooley DR</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <u>306</u> <u>1/4 NW 1/4 Sec 36 T 8N R 8W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 735-5709</u>	<u>3 1/2</u> Miles <u>NW</u> of <u>CLARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-20-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-23-07</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>74</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>94</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>43</u> GPM with a drawdown of
Test Pumping Rate: <u>43</u> Gallons Per Minute	<u>20</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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