

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: 9-18-07

For Office Use Only:
Aquifer: _____
Well #: N-197
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>Wendell Moody</u>	Latitude: <u>088° 27' 798</u> Longitude: <u>31° 34' 482</u>
Mailing Address: <u>P.O. Box 63</u> <u>CIARA MS 39324</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4 Sec 32 Twn 8N Rng 7W</u>
Telephone No. <u>(601) 735 5344</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 1/2 Miles North of CIARA</u>
Well / Borehole Data	
Date drilling started: <u>9-17-07</u> Date drilling completed: <u>9-18-07</u> Hole depth: <u>174</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>COMMUNITY WATER ISOPERI</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>20Z IN MUD PAN</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): <u>(Home)</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>61'</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>9-18-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>174</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>164</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 WRP</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>164</u> feet to <u>174</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: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page.</i> <u>REOPEN</u>	

Form: OLWR-SWR-1A

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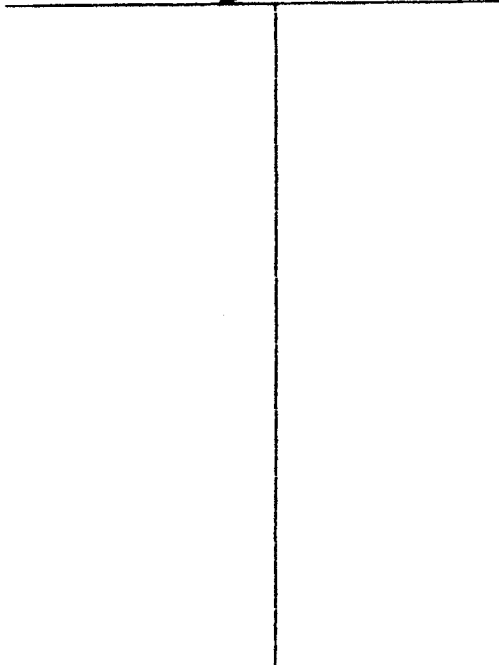
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The sketch below only required for water wells

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	
TOP SOIL	0	1
YELLOW SANDY CLAY	1	32
YELLOW CLAY	32	40
SAND ROCK	40	41
COARSE SAND + CLAY	41	68
SAND WITH WHITE CLAY	68	74
WHITE CLAY	74	88
FINE WHITE SAND	88	97
WHITE CLAY	97	104
GRAY CLAY	104	112
PINK + WHITE SANDY CLAY	112	123
FINE WHITE SAND w/ CLAY	123	126
ROCK	126	127
PINK + WHITE CLAY	127	137
WHITE + YEL CLAY w/ SAND	137	143
BLUE CLAY w/ FINE WHITE SD	143	160
FINE to MED WHITE SAND	160	174

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.

FROM CLARA Hwy 63 North to MANOR Creek Rd APP 2 miles
 CROSS Rd 1 mile AFTER CROSS Rd CURVE CAN SEE CHICKEN HSE
 ON RIGHT PUMP BY SECOND HSE BY CONTROL ROOM

Landowner Name: Wendell Maddy

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.

Print Name of Responsible Licensee and License No. Gilbert Carr 0.205 Date 9-21-07

Signature of Licensee Gilbert Carr

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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)

For Office Use Only:

Aquifer: _____

Well #: N-197

Elevation: _____

County: WAYNE
 Permit #: 0-205
 Diller: Gilbert Carr
 Date completed: 9-19-07
 Cross Information from Part 1 of Form 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 approved with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Waddell Moody</u>	Latitude: <u>088°21'798</u> Longitude: <u>31.34.482</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARA 225 39324</u>	USGS quad _____ (Hand-held GPS) _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 32 T8N R7W</u>
Telephone No. (local): <u>775-5344</u>	Distance Direction Nearest Town <u>2 1/2 Miles North of CLARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	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"/>	Electric Motor <input checked="" 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>5</u>
Date Pump Installed: <u>9-21-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>50 GPM</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-21-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>61</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>27/19</u> feet
Drawdown (B)-(A): <u>49</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>49</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 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 applicable)

Gilbert Carr
 Signature of Pump Installer

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 Form: OLWR-SWR-18

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