

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 5-19-08

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environment Quality
 Office of Land and Water Resources
 P.O. Box 10001
 Jackson, MS 39208-0001
 (601)961-5210
 (601)354-0938 (fax)

Permit Number: _____
 Well #: N-198
 L. G. Number: _____
 Stage: _____

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 or development.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Eldridge Williams</u> Mailing Address: <u>3119 Hwy 63</u> <u>WAYNESBORO MS 39322</u> City State Zip Code Telephone No. <u>(601) 735 9380</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>0° 88' 39" N</u> Longitude: <u>93° 31' 36" W</u> <u>93 37</u> Method of Location (check one): <u>Geodetic Survey</u> <u>USGS spot, (hand held GPS), Survey grade GPS</u> <u>N/EASE # 33-70941, pg 7 u</u> Distance Direction Nearest Town <u>6 miles South WAYNESBORO</u></p>
---	---

Well / Borehole Data

Date drilling started: 5-19-08 Date drilling completed: 5-19-08 Hole depth: 130 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: LOT HTH 1500 GAL WATER

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 Water Heat Pump _____
 Scientific Survey _____ Other (describe): _____
 If drilling is not related to water well construction, why the borehole is drilled: _____

Purpose of Well (check one): House Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____

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

Static Water Level: 88' feet above or below (circle one) land surface Date measured: 5-20-08

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

Well depth: 130 Well grouted to a depth of 20 feet Type of grout (circle one) Gravel Mortar _____ Mix _____

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 8 inches Setting depth: From 120 feet to 130 feet

Type of completion (circle all applicable): Gravel packing Underreamed _____ Etched _____ Gravelite _____ Natural Development _____
 Other (describe): _____

Top of top pipe or reduction in casing: _____ feet

RECEIVED
 JUN 24 2008
 BY: OLWR

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-198

Elevation: _____

County: WAYNE
 Permit #: 0.205
 Installer: GILBERT CARR
 Date completed: 5-20-08
 Commission Expires: _____

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 fees paid with this Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>ELDRIGE WILLIAMS</u>	Latitude: <u>0.88-3971</u> Longitude: <u>31.36-621</u>
Mailing Address: <u>3119 HWY 63</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 35 T8N R7W</u>
Telephone No. <u>(601) 735-9380</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>6 Miles South of WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
<input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
<input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	<input type="radio"/> Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-20-08</u>	Setting Depth: <u>120</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>6-20-08</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>88</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>12</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>70</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)

Gilbert Carr
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

JUN 24 2008

BY: OLWR