

County: WAYNE  
 Permit #: 0.205  
 Driller: A F CARK  
 Date drilling completed: 11-17-06

**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 #: Φ 234  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Greg Kelley</u>	Latitude: <u>88° 36' 47"</u> Longitude: <u>31° 38' 50"</u>
Mailing Address: <u>3594 145 South</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>19°</u>
City State Zip Code	<u>SE 1/4 S 1/4 Sec 20 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735 4823</u>	Distance Direction Nearest Town <u>2 Miles SSE of WABO</u>

**Well / Borehole Data**

Date drilling started: 11-15-06 Date drilling completed: 11-17-06 Hole depth: 225 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: 1000 BALTIMORE Well 500 Ready Mix Well

Method of dosing and volume of Chlorine used in drilling and development: 1PT PUT IN TANK 1000 GAL

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: 55' feet above or below (circle one) land surface Date measured: 11-17-06

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

Well depth: 225 Well grouted to a depth of 25 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: N/A feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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*

Form: OLWR-SWR-1A

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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 #: 0-255  
 Driller: A.P. Carr  
 Date completed: 11-28-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: φ 234  
 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>Greg Kelley</u>	Latitude: <u>88° 36.478</u> Longitude: <u>31° 38.506</u>
Mailing Address: <u>3594 145 South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAYNESBORO MS 39363</u>	USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS <u>190</u>
City State Zip Code	<u>SE 1/4 S 1/4 Sec 20 T 8 N R 6 W</u>
Telephone No. <u>(601) 735 4823</u>	Distance Direction Nearest Town <u>2 Miles SSE of WAYBO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>11-28-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-28-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>55'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>78</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>23</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5 1/2</u> hours	

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

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

Form: OLWR-SWR-1B

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