

State Well Report

Part 1

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 #: Q-238
 L. S. Elevation: _____
 E-log #: _____

County: Wayne
 Permit #: _____
 Driller: David West
 Date drilling completed: 10-5-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Alan Hodo</u>	Latitude: <u>31° 41'</u> " Longitude: <u>88° 37'</u> "
Mailing Address: <u>110 Aspen Dr</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 NE 1/4 Sec <u>7</u> Twn <u>8N</u> Rng <u>6W</u>
Telephone No. <u>601 735-1527</u>	Distance _____ Miles _____ Direction _____ Nearest Town _____ <u>Inside City Limits</u> of <u>Waynesboro</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-4-07 Date well drilling completed: 10-5-07

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

Static Water Level: 120' feet above or below (circle one) land surface Date measured: 10-8-07

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

Hole depth: 220' Well depth: 220' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 193 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: _____ feet Screen diameter: 2 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David A West 0-672
 Print Name of Water Well Contractor and License No.

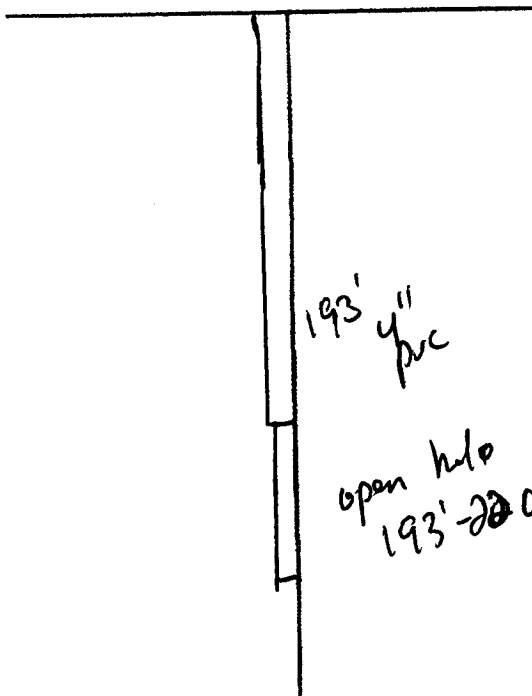
David West
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Q-238

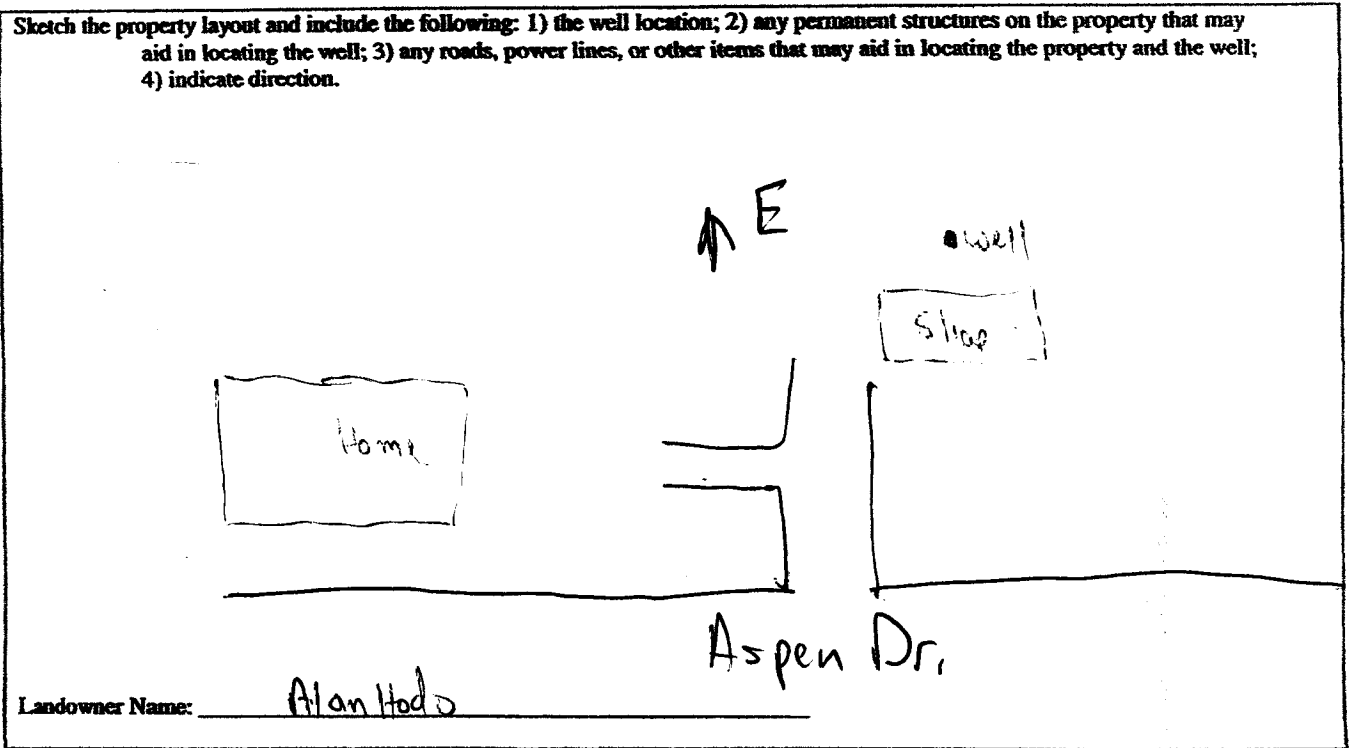
Ground Level



Description of Formations Encountered	From	To
clay	0	3
sand	3	45
clay	45	130
rock	130	132
clay/sandy	132	168
rock	168	189
clay	189	190
rock	190	194
rock ledges and Strata limestone	194	220

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) indicate direction.



Landowner Name: Alan Hodo

[Signature]
Signature of Water Well Contractor

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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 #: Q-238

Elevation: _____

County: Wktyle
 Permit #: _____
 Driller: David West
 Date completed: 10-5-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Alan Hobbs</u>	Latitude: <u>31°41'</u> Longitude: <u>88°37'</u>
Mailing Address: <u>710 Aspen Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 7 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-1527</u>	Distance Direction Nearest Town
	<u>Miles of Waynesboro</u>
	<u>Inside City Limit</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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 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>1</u>
Date Pump Installed: <u>10-8-07</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

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

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

David B West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David B West
 Signature of Pump Installer

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