

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 5-27-08

State Well Report
 Part I - Driller's Log
 Michigan Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 1001
 Jackson, MI 48606-0001
 (601) 251-3230
 (601) 254-0955 (fax)

Permit Number: Q-240
 L.S. Number: _____
 State: _____

State Law requires that this report be prepared by the driller and submitted to the Department at the above address within 30 days of completion of drilling.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Bill GANUS
 Mailing Address: 1029 Dycus BRIDGE RD
WAYNESBORO MI 48393
 City: _____ State: _____ Zip Code: _____
 Telephone No.: (601) 735 7002

Latitude: _____ Longitude: _____
 Method of Locating (Instrument): Compass and Survey
USGS quad, Township 35N, Range 10E
NE 1/4 Sec 2, Twp 35N, Rng 10E
 Distance: _____ Direction: _____
6 Miles EAST of WAYNESBORO

Well/Borehole Data

Date drilling started: 5-23-08 Date drilling completed: 5-24-08 Hole depth: 220' Well diameter: 6 3/4" 474
190
220

Location of the source of any surface water used for drilling: 2000 GAL Well WATER
 Method of casing and volume of Chlorine used in drilling and development: 802 LBS Mud P.T.

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 Environmental Monitoring
 Seismic Survey Other (describe): _____
 (If drilling is not related to water well construction, file this report with the Michigan Department of Environmental Quality.)

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: 138' feet above or below (circle one) land surface Date measured: 5-25-08

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

Well depth: 220 Well grouted to a depth of 20 feet Type of grout (check one): Mortar Cement Bit
 Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC SCH 40
 Screen length: N/A feet Screen diameter: N/A inches Type of screen: N/A
 Screen slot size: N/A inches Setting depth from N/A feet to N/A feet

Type of completion (circle all applicable): Gravel packed Unfinished Filtered Openhole Natural Development
 Other (describe): _____

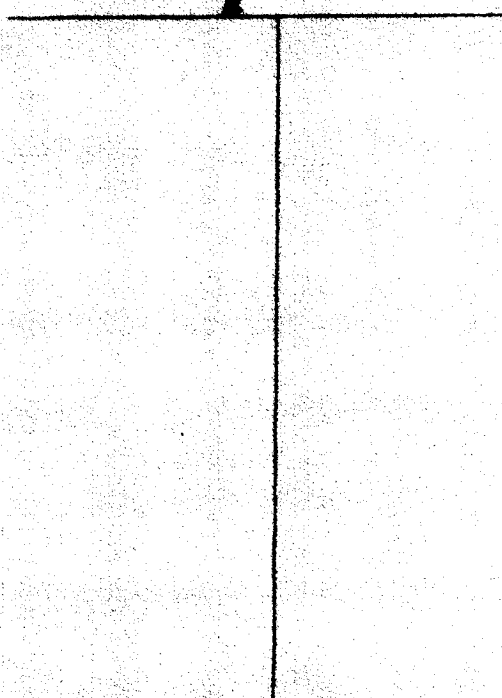
Top of top pipe or reduction in casing: _____ feet

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Q-240

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

If well is shown, show depth on sketch
Ground Level



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
TOP SOIL	0	2
Red SANDY CLAY	2	9
PINK+white CLAY	9	13
SANDY white CLAY	13	18
Fine to med SAND	18	39
Med to COARSE white SD	39	55
Yellow CLAY	55	65
Blue CLAY	65	86
Fine to med SAND	86	90
BROKEN SAND+Blue CLAY	90	95
SANDY Blue CLAY	95	104
ROCK STRAT-RS	104	126
HARD ROCK	126	130
ROCK STRATORS	130	138
GRAY CLAY	138	190
Lime ROCK	190	218
White CLAY	218	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) a north arrow.

WAYNESBORO HWY 45 SOUTH TO DYCESS BRIDGE RD
EAST APP 6 miles MAIL BOX ON RIGHT CAN NOT
SEE DRIVE UNTIL RIGHT AT IT RIGHT ABOUT 200 YDS
WELL ON EAST SIDE CLOSE TO POWER POLE

Landowner Name: BILL BANUS

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. BILBERT CARR 0-205 5-25-08 Date

Signature of Licensee Bilbert 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 #: Q-240

Elevation: _____

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date completed: 5-25-08
 Case information from block on Part 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 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>BILL GANUS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1029 DYCESS BRIDGE RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAYNESBORO</u> <u>39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 2 T 8 N R 6 W</u>
Telephone No. <u>(601) 735 7002</u>	Distance Direction Nearest Town
	<u>6 Miles EAST of WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Centrifugal	<input type="radio"/> Gasoline Engine
<input type="radio"/> Jet	<input type="radio"/> Hand
<input type="radio"/> Piston	<input type="radio"/> Natural Gas
<input type="radio"/> Rotary	<input type="radio"/> Tractor PTO
<input type="radio"/> Submersible	Windmill Other (specify): _____
<input type="radio"/> Turbine	Horse Power Rating of Motor: <u>1</u>
<input type="radio"/> Flowing Well	Setting Depth: <u>180</u> feet
Other (specify): _____	Number of Stages: <u>11</u>
Date Pump Installed: <u>5-25-08</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-24-08</u>	<input type="radio"/> Air Line
Static Water Level (A): <u>138</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>186</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>156</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	Well yielded <u>12</u> GPM with a drawdown of
	<u>18</u> feet after <u>5</u> hours of pumping

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

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