

County: WAYNE  
 Permit #: 0-205  
 Driller: GILBERT CARR  
 Date drilling completed: 6-20-08

**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 #: Q-291  
 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>Kelley BROS</u> Mailing Address: <u>401 COUNTY FARM RD</u> <u>WAYNESBORO MS 39367</u> City: _____ State: _____ Zip Code: _____ Telephone No. (601) <u>735 2541</u>	Latitude: <u>08° 35' 21"</u> Longitude: <u>31° 38' 57"</u> Method of Lat/Long (circle one): <u>13</u> Conventional Survey, <u>53</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>21</u> Twn <u>8N</u> Rng <u>6W</u> Distance: <u>2</u> Miles Direction: <u>SSE</u> of Nearest Town: <u>WAYNESBORO</u>
Well / Borehole Data	
Date drilling started: <u>6-18-08</u> Date drilling completed: <u>6-20-08</u> Hole depth: <u>274</u> Hole diameter: <u>6 3/4 to 250</u> Location of the source of any surface water used for drilling: <u>well water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>2000GAL 80ZM+H IN MUD PAN + 25# SODA ASH</u> Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>WASH EQUIP</u>	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>108'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-23-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>274</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>250'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>N/A</u> feet Screen diameter: <u>N/A</u> inches Type of screen: <u>N/A</u>	
Screen slot size: <u>N/A</u> inches Setting depth: From <u>N/A</u> feet to _____ feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ <u>Open hole</u> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A  
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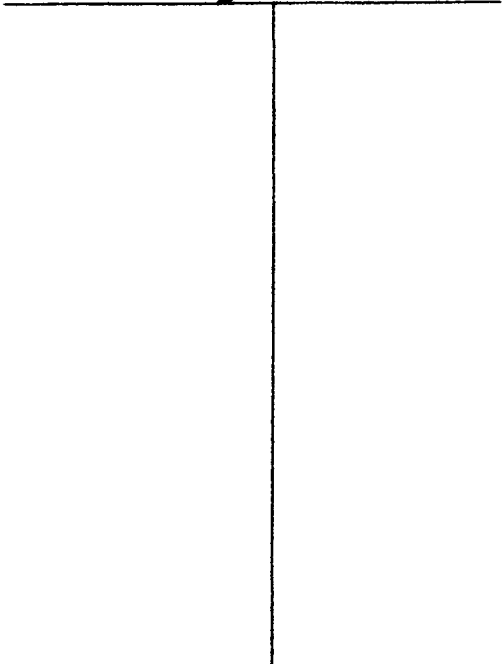
Q-241

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)
Red SANDY CLAY	Ground Level	25
Coarse Red SAND	25	35
Coarse Red SD w/ GVL	35	60
Coarse white SAND	60	74
CLAY	74	75
Brown med SD	75	98
Pink + white CLAY	98	102
Fine to med white SAND	102	110
pink + white CLAY w/ SAND	110	118
Blue CLAY	118	160
Blue CLAY w/ ROCK STRATARS	160	171
Rock	171	190
GRAY CLAY	190	201
Blue CLAY	201	235
GRAY CLAY	235	250
Rock	250	273
white CLAY	273	274

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.

Hwy 45 South APP 1 1/2 miles south of DYCESS BRIDGE Rd  
 County FARM Rd Left heading south Big Building  
 on right well Behind Building

Note this is New INDUSTRIAL PARK

Landowner Name: Kelley Bros

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 6-23-08

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)

County: WAYNE  
 Permit #: 0.205  
 Driller: GILBERT CARR  
 Date completed: 6-23-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-241  
 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>Kelley Bros</u>	Latitude: <u>88°35'21"</u> Longitude: <u>31°38'879"</u>
Mailing Address: <u>401 County FARM Rd</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>21</u> T <u>8N</u> R <u>6W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>SSE</u> of <u>WAYNESBORO</u>
Telephone No. <u>(601) 235 2541</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>6-23-08</u>	Setting Depth: <u>200'</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-23-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>108</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>77/8</u> feet
Drawdown [(B) - (A)]: <u>77</u> Feet Below Land Surface	Well yielded <u>27</u> GPM with a drawdown of
Test Pumping Rate: <u>27</u> Gallons Per Minute	<u>77</u> feet after <u>5 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 0.205 Print Name of Pump Installer and License No. (if applicable)      Gilbert Carr Signature of Pump Installer

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