

County: WAYNE
 Permit #: D.205
 Driller: GILBERT CARR
 Date drilling completed: 6-30-08

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-242
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Southeast Ready Mix</u>	Latitude: <u>88° 37' 02"</u> Longitude: <u>31° 39' 06"</u>
Mailing Address: <u>3594 HWY 145 S</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 20 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-4823</u>	Distance: <u>1 1/2</u> Miles <u>South</u> of <u>WAYNESBORO</u> <u>ON HWY 145 South</u>
Well / Borehole Data	
Date drilling started: <u>6-26-08</u> Date drilling completed: <u>6-30-08</u> Hole depth: <u>204</u> Hole diameter: <u>170 1/2</u>	
Location of the source of any surface water used for drilling: <u>170 GAL well WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>6.02 H+H + 25" Soda Ash mud PAN</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): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>148'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-30-08</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: <u>204</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): <u>Neat Cement</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>170</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 <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> <u>Open hole</u> <input type="checkbox"/> Natural Development <input type="checkbox"/>	
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-242

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)
Fill DIRT	Ground Level	2
Yellow + white CLAY	2	23
SANDY white CLAY	23	28
COARSE SAND	28	57
BLUE CLAY	57	64
ROCK	64	65
BLUE CLAY	65	77
ROCK STRATORS	77	94
CREAMY white CLAY	94	99
FINE GRAY SAND	99	107
GRAY CLAY	107	169
ROCK	169	202
White CLAY	202	204

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 145 South APP 2 miles South of Waynesboro
ON Right Well ON West side OF OFFICE

Landowner Name: Southeast Ready mix

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.

Gilbert Carr 0.205 7-7-08
Print Name of Responsible Licensee and License No. Date

Gilbert Carr
Signature of Licensee

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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: 6-30-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-242
 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>Southeast Ready Mix</u>	Latitude: <u>33° 37' 02.8"</u> Longitude: <u>31° 39' 10.9"</u>
Mailing Address: <u>3594 145 S</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>WAYNESBORO MS 39367</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 20 T 8 N R 6 W</u>
Telephone No. <u>(601) 735 4823</u>	Distance Direction Nearest Town <u>1 1/2 Miles South of WAYNESBORO ON HWY 145 South</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>7-7-08</u>	Setting Depth: <u>140</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>7-1-08</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>87</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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 _____

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 Form: OLWR-SWR-1B
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