

County: WAYNE
 Permit #: 0-205
 Driller: Gilbert CARR
 Date drilling completed: 11-6-09

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 246
 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 (Borehole/Borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>TURNER - HOLLINGHEAD</u>	Latitude: <u>88° 52' 32"</u> Longitude: <u>31° 44' 16"</u>
Mailing Address: <u>55 Jubeth St</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>NW 1/4 NW 1/4 Sec 21 Twn 8 N Rng 6 W</u>
Telephone No: <u>(601) 735-3230</u>	Distance: <u>1 1/2</u> Miles Direction: <u>ESE</u> of <u>WAYNESBORO</u>

Well / Borehole Data

Date drilling started: 11-6-08 Date drilling completed: 11-6-08 Hole depth: 100 Hole diameter: 4

Location of the source of any surface water used for drilling: 100-921 407 HTH

Method of drilling and volume of Cuttings used in drilling and development: _____

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 _____

Scientific Survey _____ Other (describe) _____

If this well 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: 54' feet above or below (circle one) land surface Date measured: 11-7-08

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

Well depth: 100 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC WRP

Screen slot size: 0/10 inches Setting depth: From 90 feet to 100 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

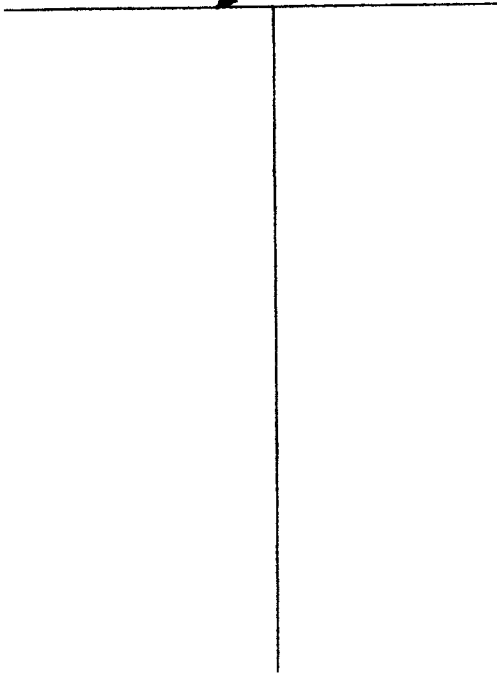
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The sketch below only required for water wells

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)
Top Soil	Ground Level	2
Red SANDY CLAY	2	20
med Yel SAND	20	35
med white SAND	35	40
white CLAY	40	42
med white SAND	42	53
Yel + white CLAY	53	65
Yel + white CLAY	65	75
med to coarse white SD	75	84
Fine to med white Ss	84	100
	> 84	1

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 1/2 mile South of WAB or 1 mile South of Southeast Ready mix Meadow Brook sub division on Left go main st to Tee Take Right on Jobeth st Pavement ends app 100 yds on Top Hill on Right only use up there well to Left of Drive way

Landowner Name: Steve TURNER

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 CAYE 0.205 11-28-08 Gilbert Caye

Print Name of Responsible Licensee and License No. Date 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: 11-7-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Φ 246
 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>TURNER Hollinghead</u>	Latitude: <u>28°52'32.2</u> Longitude: <u>91°04'4.768</u>
Mailing Address: <u>55 Jobeth St</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>N4 1/4 NW 1/4 Sec 21 T8N R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 735 3230</u>	<u>1/2</u> Miles <u>ESE</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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>1/2</u>
Date Pump Installed: <u>11-7-08</u>	Setting Depth: <u>93</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>11-7-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>54</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>82</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>28</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

Gilbert CARR 0.205 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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