

OWNER CORRECTION

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 #: 0249
L. S. Elevation: _____
E-log #: _____

County: WAYNE
Permit #: _____
Driller: A-1 Drilling
Date drilling completed: 2-20-09

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>MS LINDA FARRAR</u>	Latitude: <u>31° 42' 37"</u> Longitude: <u>88° 37' 24"</u>
Mailing Address: <u>100 BRECKENRIDGE DRIVE</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>WAYNESBORO MS 39367</u>	<u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 6 Twn BN Rng 6 W</u>
Telephone No. <u>(601) 735-2856</u>	Distance Direction Nearest Town <u>1/2 miles</u> <u>of WAYNESBORO</u>

Well Data

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

Date well drilling started: 2-17-09 Date well drilling completed: 2-20-09

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 2-20 & 4-7-09

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

Hole depth: 153' Well depth: 152' Well grouted to a depth of 15' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 17 1/2 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 134 1/2 feet to 152 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: NA 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.

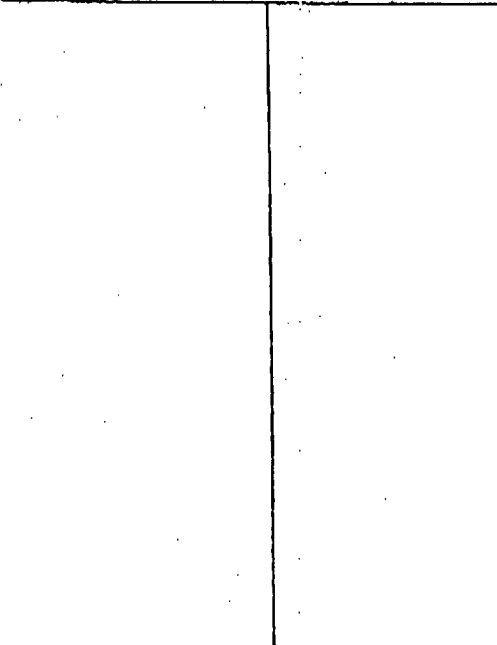
Wilbur T. Baughman 0410 Wilbur T. Baughman
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

owner Correction

0249

If well telescopes please sketch below and show depths.

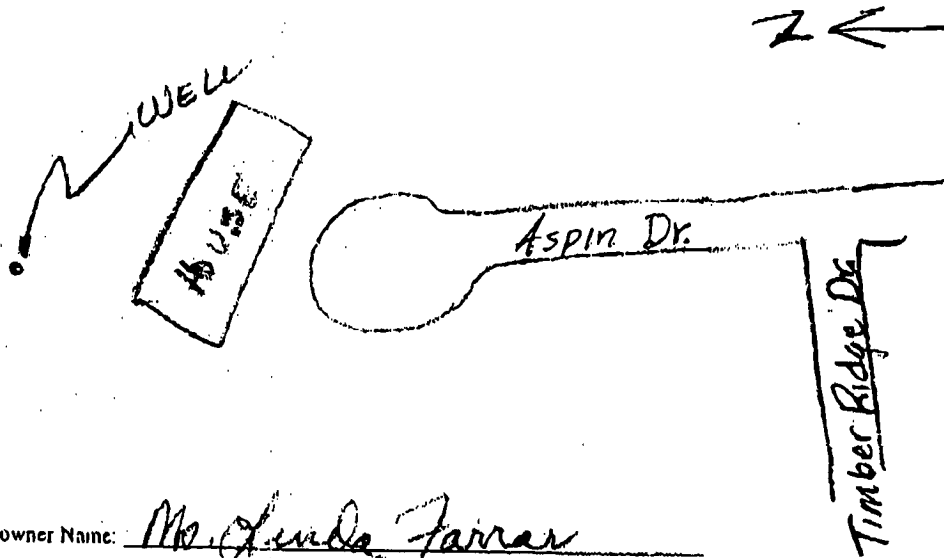
Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	15
Sand, tan	15	20
Clay, tan & orange	20	27
Clay, tan, sandy	27	38
Sand, red & tan	38	70
Clay, tan	70	90
Sand, tan	90	101
Clay, yellow	101	109
Clay, gray	109	114
Rock	114	114 1/2
Clay, dark gray, stiff	114 1/2	122
Clay	122	124
Clay, dark gray	124	126
Rock, soft	126	130
Rock, hard	130	131
Clay, gray	131	134
Sandy, v. fine to silty in bottom	134	152
Clay, dark gray	152	153

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:

Ms. Linda Farrar

William Taylor
Signature of Water Well Contractor

owner correction

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 #: 0249
 Elevation: _____

County: WAYNE
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date completed: 4-7-09

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>MS LINDA FARRAR</u>	Latitude: <u>31 42 37</u> Longitude: <u>88 37 24</u>
Mailing Address: <u>100 BRECKENRIDGE DRIVE</u> <u>WAYNESBORO MS 39367</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 735-2855</u>	<u>NW 1/4 SE 1/4 Sec 6</u> Twn <u>8N</u> Rng <u>6W</u>
	Distance Direction Nearest Town <u>IN</u> miles <u>1</u> <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</u>
Date Pump Installed: <u>3-2-09</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-7-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): <u>SONIC</u>
Pumping Water Level (R): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>9</u> 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.

Wilbur T. Baughman 0410
 Print Name of Pump Installer and License No. (if applicable)

Albert Baughman
 Signature of Pump Installer