County: WAYNE

Permit #: 0205

Driller: Gilbert CARR

Date drilling completed: 2-8-08

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) 354-6932 (fax)

For Office Use Only:
Agency:
Well: R-32
L.S. Number:
Map #:

State Law requires that this report be prepared by the licensed driller responsible for the work and filed with the Department at the above address within 30 days of completion of drilling or alteration of a borehole.

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

Owner Name: JAMES Cooley

Mailing Address: 180 TRIGG DR

WAYNESBORO MS

City State Zip Code

Telephone No. (601) 4105720

Well Location

Latitude: 088°40'28.3" Longitude: 31°37'57.9"

Method of obtaining (check one): Commercial Survey, USGS quad, Geodetic GPS, Survey-grade GPS

NE¼ NE¼ Sec 15 Twp 7N Rng [illegible]

Distance: 1 Miles Direction: WNW Nearest Town: of WAYNESBORO

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Well / Borehole Data

Date drilling started: 2-7-08 Date drilling completed: 2-8-08 Hole depth: 163 Hole diameter: 6 3/4

Method of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: 6 OZ. HTH 3 gal 6 Pit 7

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 X Geotechnical/Geological Investigation ___ Geothermal Heat Pump ___

Seismic Survey ___ Other (describe):

If drilling is not related to water well construction, skip the remainder of this form.

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: 25 feet above or below (circle one) land surface Date measured: 2-8-08

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

Well depth: 163 Well grouted to a depth of 20 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 134 feet Casing diameter: 4 inches Type of casing: PVC

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 Underreamed Telescoped Grouted Natural Development

Other (describe):

Top of top pipe or reduction in casing: _____ feet. [illegible]

Form: OLWR-GWR-1A

R-32

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)
SAND + GRAVEL	Ground Level	
	0	18
Blue CLAY	18	26
Rock STRATORS	26	39
GRAY CLAY	39	49
Rock	49	56
GRAY CLAY	56	67
Rock	67	72
GRAY CLAY	72	1[illegible]
Rock	133	[illegible]
white CLAY	162	[illegible]

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.

Red Lite @ INST 63+18# west 1 mile W.C. Pits
Const on Right TRigg Rd stright ACROSS on Left
Side 184 TRigg Rd APP 1 mile on Left 2 story House
well on North End Close to GAS TANK

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Landowner Name: JAMes Cooley

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 0125- 2-9-08 Gilbert Carr

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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 #: 0205
Driller: Gilbert CARR
Date completed: 2-8-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: R-32
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 completed and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: James Cooley
Mailing Address: 180 TRigg Rd
WAYNESBORO 7153967
City State Zip Code
Telephone No. (601) 410 5720

Well Location

Latitude: 0 88° 40' 283 Longitude 31° 39' 95[illegible]
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS, Survey-grade GPS
NE ¼ NE ¼ Sec 15 T 7 N R 8 W
Distance Direction Nearest Town
1 Miles WNW of WAYNESBORO

Pump Type
Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 2-8-08
Rated Pump Capacity: 19 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 60' feet
Number of Stages: 7

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Pump Test Data

Date Well Tested: 2-8-08
Static Water Level (A): 25 Feet Below Land Surface
Pumping Water Level (B): 38 Feet Below Land Surface
Drawdown [(B) - (A)]: 13 Feet Below Land Surface
Test Pumping Rate: 23 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 9 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 45 GPM with a drawdown of 20 feet after 9 hours of pumping

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

Gilbert CARR 0205
Print Name of Pump Installer and License No. (if applicable)

Gilbert Carr
Signature of Pump Installer

Form: OLWR-SWR-1B