

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 9-20-07

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 #: 5-108
 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.

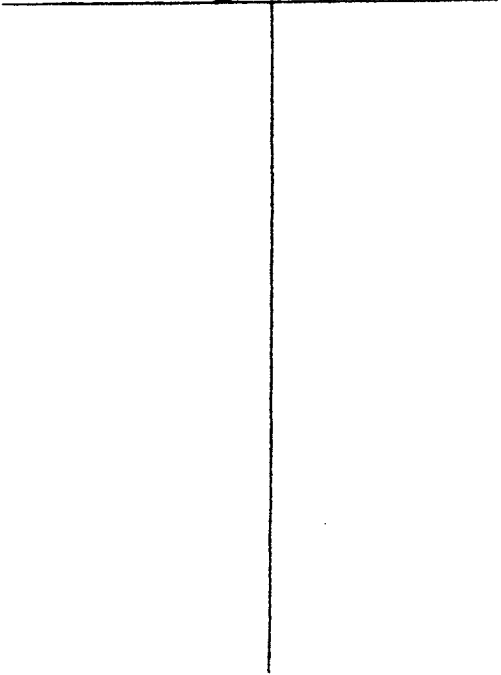
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>DERRIC WEST</u>	Latitude: <u>088° 46' 78"</u> Longitude: <u>32° 44' 59.8"</u>
Mailing Address: <u>3086 HWY 63</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>36</u>
City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. (601): <u>671 9854</u>	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>3</u> Twn <u>7N</u> Rng <u>7W</u>
	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>NNE</u> of <u>CLARA</u>
Well / Borehole Data	
Date drilling started: <u>9-19-07</u> Date drilling completed: <u>9-20-07</u> Hole depth: <u>224</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>COMMUNITY WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>6 OZ 4ft 2500gal mud pit</u>	
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 _____	
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): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>118'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-20-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>224</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>214</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC WRP</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>214</u> feet to <u>224</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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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... of wells or boreholes 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)	
	Ground Level	
Top Soil	0	2
Red sand	2	20
Red sand w/ clay	20	40
White sand w/ clay	40	53
Yellow clay	53	68
Blue clay	68	111
Sand blue clay	111	126
CREAMY white clay	126	180
FINE SAND	180	183
Bluish clay	183	208
Med to COARSE SAND	208	211
FINE to med sand	211	224

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.

2 1/2 miles NNE OF CLARA ON HWY 63
shop then TRACTOR shed well is on side TOWARD
HOUSE

Landowner Name: DERRIL West

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 CHARR 0.205 9-20-07
Print Name of Responsible Licensee and License No. Date

Gilbert CHARR RECEIVED
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)334-6998 (fax)

County: WAYNE
 Point #: 0-205
 Driller: GILBERT CARR
 Date completed: 9-24-07
 Case Information described on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5-108
 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 submitted to the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>DERRIC WEST</u>	Latitude: <u>089°46'78.1" Longitude: 32°44'59.0"</u>
Mailing Address: <u>3086 HWY 63</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 3 T7N R7W</u>
Telephone No. <u>601 671 8854</u>	Distance: _____ Direction: _____ Nearest Town: <u>2 1/2 Miles NNE of CLARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-24-07</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-20-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>118</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>136</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [B] - (A): <u>18</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>65</u> Gallons Per Minute	<u>18</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (continuous & surge): <u>4</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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