

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 10.20.07

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 #: 5-110
 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>88° 46' 781"</u> Longitude: <u>32° 44' 598"</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. <u>(601) 671 8854</u>	<u>NE 1/4 SE 1/4</u> Sec <u>3</u> Twn <u>7N</u> Rng <u>7W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>NNE</u> of <u>CIARA HWY 63</u>

Well / Borehole Data

Date drilling started: 10-19-07 Date drilling completed: 10-20-07 Hole depth: 224 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2000gals 802 H/H

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) _____

If drilling 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 N/A Other (describe) _____

Static Water Level: 118 feet above or below (circle one) land surface Date measured: 10-20-07

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

Well depth: 224 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 214 feet Casing diameter: 4 inches Type of casing: PVC

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

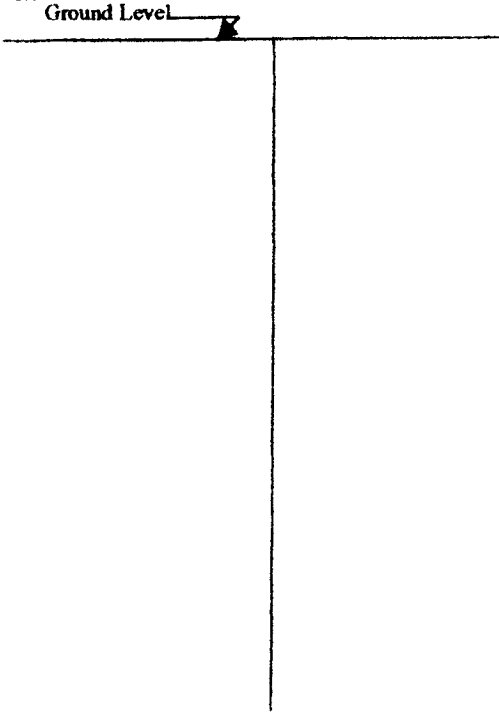
Screen slot size: 8 inches Setting depth: From 214 feet to 224 feet

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*

ALL WATER VE FORMATIONS ENCOUNTERED MUST BE PROVIDED FOR ALL WELLS AND BOREHOLES, UNLESS SPECIFICALLY EXEMPTED BY REGULATIONS

If well telescopes, show depths on sketch.



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
CoARSE white SD w/Little CLAY	53	54
Yellow CLAY w/SD	54	68
Blue CLAY	68	111
SANDY Blue CLAY	111	126
CREAMY white CLAY	126	180
FINE white SAND	180	183
BLuish CLAY	183	208
Med to CoARSE SAND	208	211
FINE to Med SD	211	224

If more than one screen, show location of each on sketch

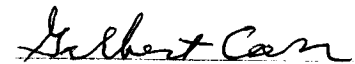
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

2 miles north CLARA hwy 63 in CURVE SHOP
 ON LEFT APP 100 Yds TRACTOR SHED ON NORTH SIDE
 OF SHED

Landowner Name: DERRIC 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 CARR 0-205 10-24-07 

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)354-6988 (fax)

For Office Use Only:

Aquifer: _____

Well #: 5-110

Elevation: _____

County: WAYNE
 Permit #: 0-205
 Installer: GILBERT CARR
 Date completed: 10-24-07
 Cross information does not go on Part 1

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 provided and filed with 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>88.46781</u> Longitude: <u>32.44598</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 Miles NNE of CLARA HWY 63</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="checkbox"/> Air Lift Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Backet Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>10-24-07</u>	Setting Depth: <u>150</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>10-24-07</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>119</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>132</u> Feet Below Land Surface	For flowing well, measured about in head: <u>77/19</u> feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>237</u> Gallons Per Minute	<u>14</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <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