

State Well Report

Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Wayne
 Permit #: 0-798
 Driller: Mark Carpenter
 Date drilling completed: 10-30-12

For Office Use Only:

Aquifer: _____
 Well #: 5112
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Darrell Mills</u>	Latitude: <u>31° 32' 27"</u> Longitude: <u>88° 40' 41"</u>
Mailing Address: <u>31 Green Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Waynesboro</u> MS <u>39367</u> City State Zip Code	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>27</u> Twn <u>7N</u> Rng <u>7W</u>
Telephone No. <u>(601) 671-8003</u>	Distance <u>4</u> Miles SE Direction <u>SE</u> of Nearest Town <u>Clara</u>

Well / Borehole Data

Date drilling started: 10-30-12 Date drilling completed: 10-30-12 Hole depth: 200' Hole diameter: 6 7/8

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine 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
 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 _____ Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10-30-12

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

Well depth: 200 Well grouted to a depth of _____ feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped (Open hole) Natural Development
 Other (describe): _____

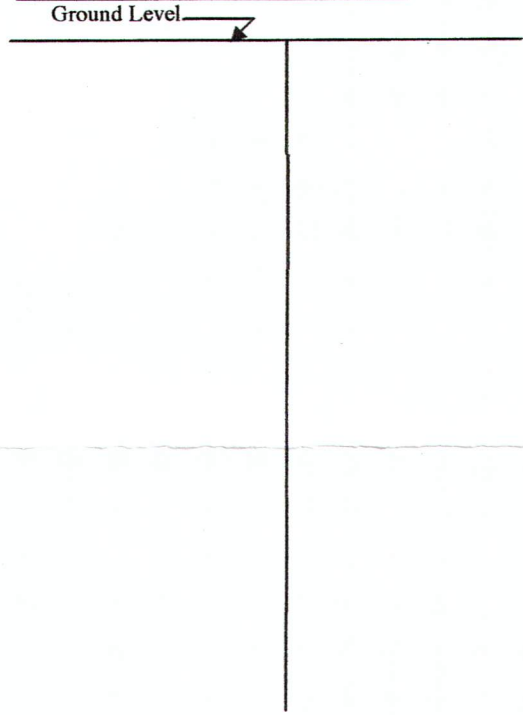
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

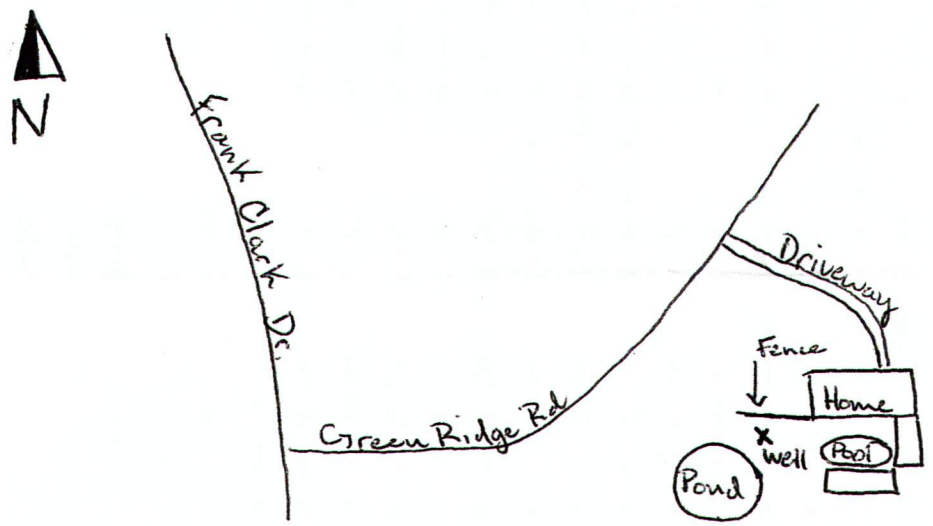


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clayey Sand	Ground Level	5
Clay	5	15
Clay	15	25
Clay	25	35
Clay	35	45
Clay	45	55
Clay	55	65
Clay	65	75
Clay	75	85
Sand	85	95
Clay	95	105
Clay	105	115
Clay	115	125
Clay	125	135
Clay	135	145
Clay	145	155
Clay	155	165
Silt	165	175
Fine Sand	175	185
Fine Sand	185	195
Sand	195	200

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.



Landowner Name: Darrell Mills

Form: OLWR-SWR-1A (04/08)

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.

Mark Carpenter 0-798 11-8-12
 Print Name of Responsible Licensee and License No. Date

Mark Carpenter
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 5112
 Elevation: _____

County: Wayne
 Permit #: 0-798
 Driller: Mark Carpenter
 Date completed: 10-30-12
Copy information from block 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 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>Durrell Mills</u>	Latitude: <u>31° 32.27"</u> Longitude: <u>88° 40' 41"</u>
Mailing Address: <u>31 Green Ridge Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 671-8003</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>SE</u> of <u>Clara</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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</u>
Date Pump Installed: <u>10-30-12</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Mark Carpenter 0-798
 Print Name of Pump Installer and License No. (if applicable)

Mark Carpenter
 Signature of Pump Installer

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