

County: WAYNE
 Permit #: Q-205
 Driller: GILBERT CARR
 Date drilling completed: 9-14-08

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)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: T-96
 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>PHRICE HUMPHRY</u> Mailing Address: <u>2724 HWY 45 SOUTH</u> <u>WAYNESBORO MS 39367</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>(601) 735 4424</u>	Latitude: <u>33° 33' 36.8"</u> Longitude: <u>91° 31' 39.5"</u> Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>24</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 2 Twn 7N Rng 6W</u> Distance: <u>6</u> Miles Direction: <u>NORTH</u> Nearest Town: <u>BUCKATUNGA</u>
Well / Borehole Data	
Date drilling started: <u>9-14-08</u> Date drilling completed: <u>9-14-08</u> Hole depth: <u>105</u> Hole diameter: <u>6 3/4</u> Location of the source of any surface water used for drilling: <u>well WATER</u> Method of casing and volume of Casing used in drilling and development: <u>402 HTH 1000 GAL IN 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 <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific 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): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>30'</u> feet above or below (circle one) land surface Date measured: <u>9-14-08</u> Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____ Well depth: <u>105</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____ Casing length: <u>95</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>1008</u> inches Setting depth: From <u>95</u> feet to <u>105</u> feet Type of completion (circle all applicable): <u>SD</u> Cement packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____ Other (describe): <u>AIR LIFTED</u> 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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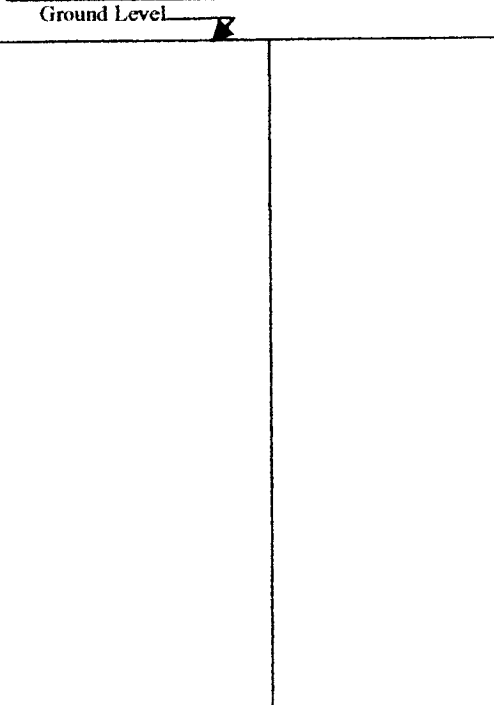
BY: OLWR

T-96

The sketch below only required for water wells

Description of 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)
TOP SOIL	Ground Level	2
Fine to med white SA	2	21
COARSE white SD w/RA (GV)	21	42
COARSE white SD w/CLAY	42	58
white CLAY w/SAND	58	67
FINE white SAND	67	70
FINE to med SAND w/CLAY	70	82
Fine to med white SAND	82	90
med BROWN SAND	90	93
med to COARSE white SD	93	97
	97	105

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.

Hwy 45 South PASS 145 EXIT North APP 2 miles ON
 Right Big Blossman GAS TANK JUST PASS TANK
 Dub Beasley Rd ON Right 1.2 miles ON Hwy 45
 South IRON FENCE + gate ON Right Hse APP 100 yds
 OFF Hwy well JUST OFF DRIVE WAY TO CAR PORCH

Landowner Name: Patricia Humphry

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.

Print Name of Responsible Licensee and License No. Gilbert Carr 0205 9-15-08

Signature of Licensee Gilbert Carr

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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)354-6938 (fax)

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date completed: 9-15-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: T-96
 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 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>PHYRICE HUMPHRY</u>	Latitude: <u>88° 33' 31.4"</u> Longitude: <u>31° 36' 39.5"</u>
Mailing Address: <u>2724 HWY 45 South</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>WAYNESBORO</u> <u>MS</u> <u>39367</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 2 T 7N R 6W</u>
Telephone No. <u>(601) 735 4424</u>	Distance Direction Nearest Town <u>6</u> Miles <u>North</u> of <u>BUCKATUNNA</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>9-15-08</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>WIRE LINE</u>
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>40</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 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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