

County: WAYNE
 Permit #: 0.205
 Driller: GILBERT CARR
 Date drilling completed: 11-8-07

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 #: W-33
 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>Greg Kelley</u>	Latitude: <u>33° 36' 57"</u> Longitude: <u>31° 38' 49"</u>
Mailing Address: <u>3440 Hwy 145 South</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE 1/4 SW 1/4 Sec 20 Twn 6N Rng 8W</u>
Telephone No. <u>(601) 735 7711</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 1/2 Miles South of WAYNESBORO</u>

Well / Borehole Data

Date drilling started: 11-8-07 Date drilling completed: 11-8-07 Hole depth: 110 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Well water
 Method of dosing and volume of Chlorine used in drilling and development: Mud pit 60Z HTH

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) Blue Berry Farm

Static Water Level: 37' feet above or below (circle one) land surface Date measured: 11-9-07

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

Well depth: 110 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 100 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 100 feet to 110 feet

Type of completion (circle all applicable): SD 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

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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)

For Office Use Only:

Aquifer: _____

Well #: W-33

Elevation: _____

County: WAYNE
 Permit #: 0205
 Driller: GILBERT CARR
 Date completed: _____
 Case Information from 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 submitted with this report filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Greg Keller</u>	Latitude: <u>88° 36' 57.6</u> Longitude: <u>31° 38' 46.9</u>
Mailing Address: <u>3440 HWY 145 SOUTH</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>SE 1/4 SW 1/4 Sec 20 T 1 N R 8 W</u>
Telephone No. (incl.) <u>601 735 7711</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>2 1/2 Miles South of WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5.0</u>
Date Pump Installed: <u>12-8-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-8-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>37</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>97/18</u> feet
Drawdown (B) - (A): <u>43</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>43</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 0205 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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