

Wayne

County: Green
 Permit #: 0-798
 Driller: Mark Carpenter
 Date drilling completed: 11-17-08

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 #: Y-44
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Robert Waldron</u> Mailing Address: <u>142 Vernon Rigney rd</u> <u>STATE Line</u> <u>Miss 39362</u> City State Zip Code Telephone No. <u>(601) 410-5955</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 29' 28"</u> Longitude: <u>88° 36' 01"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>Nw 1/4 Nw 1/4 Sec 16 Twn 6N Rng 6W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 11-17 Date drilling completed: 11-17 Hole depth: 117 Hole diameter: 4"
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal bleach to 950 gal H2O
 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: 32 feet above or (below) (circle one) land surface Date measured: 11-17-08
 Method of Measurement (circle one) steel tape electric tape air line (other) _____
 Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)
 Casing length: 107 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 10,000 inches Setting depth: From 107 feet to 117 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

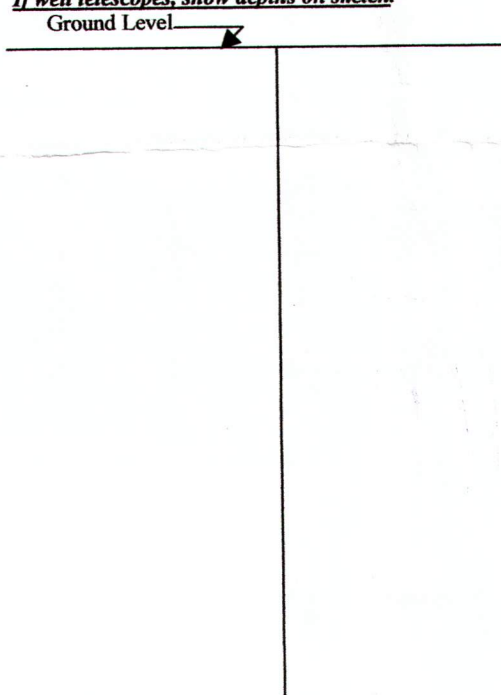
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Y-44

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

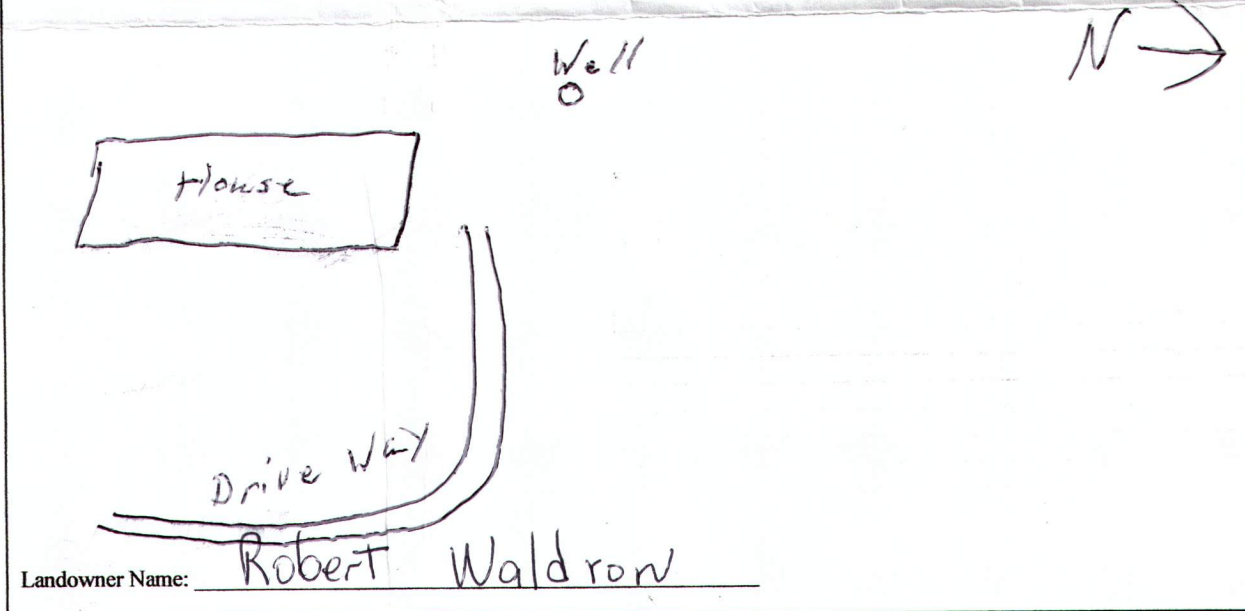
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground Level	To (depth)
TOP Soil & CLAY		7
CLAY		17
CLAY		27
CLAY & FINE SAND		37
SANDY CLAY		47
SANDY BLUE CLAY		57
SANDY BLUE CLAY		67
BLUE CLAY		77
BLUE CLAY		87
BLUE CLAY		97
SAND		107
SAND		117

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.



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.

MARK CARPENTER 0-798 12-24-08
 Print Name of Responsible Licensee and License No. Date

Mark Carpenter
 Signature of Licensee

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Wayne
 County: Greene
 Permit #: NO. 0-798
 Driller: Mark Carpenter
 Date completed: 11-17-09
 Copy information from block on Part 1

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 #: V-44
 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
 Owner Name: Robert Waldron
 Mailing Address: 142 Vernon Rigery rd
State line
Miss 39362
 City State Zip Code
 Telephone No. (601) 410-5955

Well Location SAME as address
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-17-08
 Rated Pump Capacity: 20 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 60 feet
 Number of Stages: 7

Pump Test Data
 Date Well Tested: 11-17-08
 Static Water Level (A): 32' Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: 25 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): String with weight
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer Mark Carpenter
 Form: OLWR-SWR-1B

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