

County: Wayne
 Permit #: 205
 Driller: GILBERT CARL
 Date drilling completed: 12-3-12

State Well Report
 Part I - 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 Other Use Only:
 Aquifer: Y 45
 Well #: _____
 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>FERRY WILLIAMS</u>			Latitude: <u>31-27-56</u> Longitude: <u>088-37-49.7</u> <u>53</u> <u>36</u> <u>37</u>		
Mailing Address: <u>1949 SMITH TOWN CHICAGO RD</u> <u>STATELINE</u> <u>MISSISSIPPI MS39362</u>			Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 20 OF Twp 6N Rng 6W</u>		
City: _____ State: _____ Zip Code: _____	Telephone No. <u>(601) 671-1949</u>		Distance: <u>9</u> Miles	Direction: <u>EAST</u>	Nearest Town: <u>STATELINE</u>

Well / Borehole Data

Date drilling started: 12-3-12 Date drilling completed: 12-6-12 Hole depth: 295 Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPLAND RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 TWT PER 1000 GAL
2000 TOTAL

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 _____
 Scientific 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: POWERTY FARM

If a flowing well, method of flow regulation: Valve _____ Other (describe): 12-6-12

Static Water Level: 50' foot above or below (circle one) land surface Date measured: _____

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

Well depth: 295 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 275 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC SLOT

Screen slot size: #10 inches Setting depth: From 270 feet to 290 feet

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

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

Form: OLWR-SWR-1A

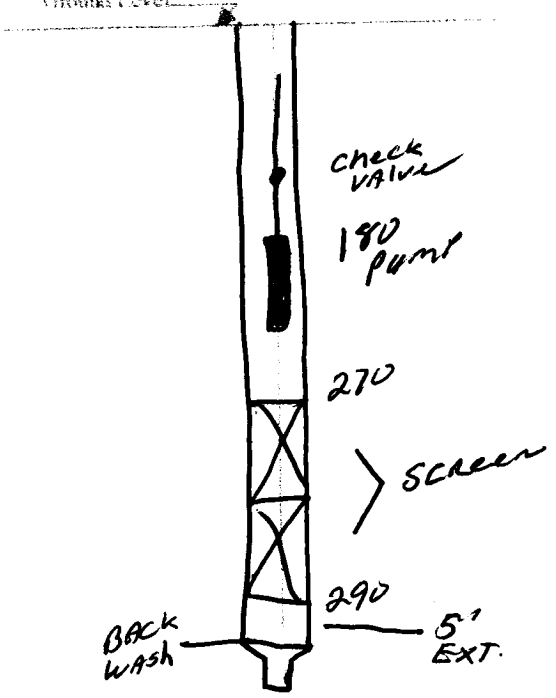
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445 Y45

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. Ground Level



Description of formations encountered	From depth (Ground Level)	To depth
Red Clay	0	3
Red Clay	3	12
White fine sand	12	14
Red/White Clay	14	22
Red fine sand	22	28
Gray Yellow Clay	28	30
White fine sand	30	44
Yellow/Gray Clay	44	60
Gray Clay	60	89
Fine Sand	89	128
Fine med sand	128	131
Gray Clay	131	165
Fine Sand	165	170
Clay	170	179
Fine Sand	179	195
Med Sand	195	203
Gray Clay	203	221
Med Sand	221	229
Fine Sand	229	231
Clay	231	265
Fine/med sand	265	270
Med/coarse sand	270	290
Fine Sand	290	295

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.

WAYNESBORO TO BUCKATUNNA ON 455 TURN RT ON BCC RD IN BUCKATUNNA. GO TO CHICKEN GREEN CO. RD ON LT GO ABOUT 6 mile TO SMITH TOWN RD RT GO 1-2 miles TO CHICKEN HOUSE ON LT NEXT DR ON LT GO TO THE END (2 near CHICKEN HOUSE)

Landowner Name: Terry Williams

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 Licensor and License No. Date 12-23-12 Gilbert 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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County Wayne
 Permit # 205
 Driller GILBERT CARR
 Date completed: 12-23-12
Copy information from block on Part 1

For Office Use Only
 Aquifer _____
 Well # Y45
 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>TERRY WILLIAMS</u> <i>CHICORA</i>	Latitude: <u>31-27-656</u> Longitude: <u>088-37-497</u>
Mailing Address: <u>1949 SMITHJOUR RD</u> <u>STATELINE MS. 39362</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	USGS quad <u>SW SE</u> Sec <u>20</u> T <u>6N</u> R <u>6W</u>
Telephone No. <u>601 671 1949</u>	Distance _____ Direction _____ Nearest Town _____ <u>9 Miles EAST of STATELINE</u>

Pump Type	Power Type
Circle one	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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>2 HP</u>
Date Pump Installed: <u>12-14-12</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>36</u> Gallons Per Minute	Number of Stages: <u>97</u>

Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: <u>12-23-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Drawdown (B) (A): <u>90</u> 130 Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>52</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.72</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge:
Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) 205 Signature of Pump Installer Gilbert Carr

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