

County: WAYNE
 Permit #: 0.205
 Driller: A B CARL
 Date drilling completed: 1-23-07

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 #: 2-79
 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>Joseph Collins</u>	Latitude: <u>31° 31' 33"</u> Longitude: <u>88° 29' 56"</u>
Mailing Address: <u>108 L B Collins Rd</u> <u>State Line MS 39362</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>20</u> <u>56</u>
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>273</u>
Telephone No. <u>(601) 648 2371</u>	<u>1/4</u> NW <u>1/4</u> Sec <u>4</u> Twn <u>6N</u> Rng <u>5W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1 1/2</u> Miles <u>SSE</u> of <u>BULLKATUNNA</u>

Well / Borehole Data

Date drilling started: 1-15-07 Date drilling completed: 1-17-07 Hole depth: 99 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: 1000 gal TANK 1/2 PT HT H

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: 77 feet above or below (circle one) land surface Date measured: 1-22-07

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

Well depth: 99 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 89 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: 8 slot SAWed

Screen slot size: .08 inches Setting depth: From 89 feet to 99 feet

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


Other (describe): 5b _____

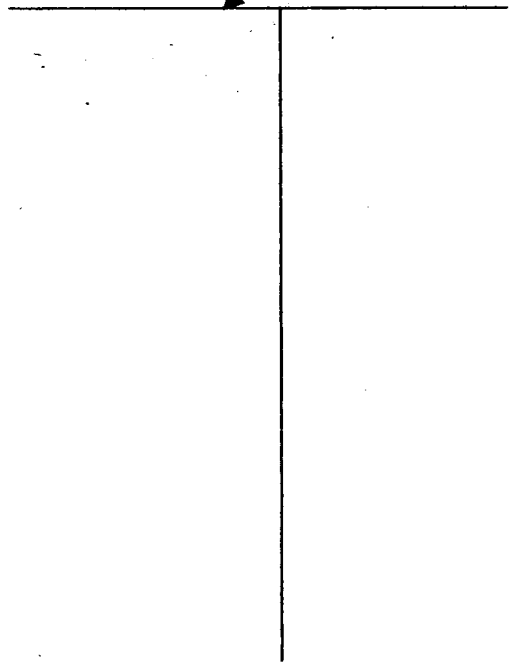
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.
 Ground Level: 



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)
	Ground Level	
Top Soil	0	2
Red sand	2	30
Fine white sand	30	40
White clay w/sand	40	45
Coarse yellow sand	45	57
Pink & white clay	57	60
Fine white sandy clay	60	72
Fine to med white sd	72	87
Fine white sand	87	96
Med Brown sand	96	99
Note still in sand was trying to loose circ		

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.

BUCKATUNNA HWY 45 SOUTH APP 1/2 CROSS BUC RIVER UP Hill
 CROSS RD LEFT go 3/8 mile Rd will Y TAKE LEFT ON
 LG Collins RD go 1/2 mile END OF RD SHOP ON LEFT
 Well on South side of shop

Landowner Name: Joseph Collins

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.

Gilbert Carr 0.205 1-22-07
 Print Name of Responsible Licensee and License No. Date

Albert Carr
 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 #: 0.205
 Driller: A G CARR
 Date completed: 1-23-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 2-79
 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>Joseph Collins</u>	Latitude: <u>N 31° 31' 33"</u> Longitude: <u>W 088° 29' 44"</u>
Mailing Address: <u>108 L G Collins Rd</u> <u>State Line MS 39362</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	_____ 1/4 NW 1/4 Sec 4 T 6 N R 5 W
Telephone No. (<u>601</u>) <u>648 2371</u>	Distance _____ Direction _____ Nearest Town _____ <u>1 1/2</u> Miles <u>SSE</u> of <u>BUCKATUNNA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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>1-23-07</u>	Setting Depth: <u>93</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-23-07</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>77</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>89</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>11</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

BILBERT CARR 0.205 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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