

May 28 08 10:26a

WEST WATER WELL DRILLING

6014262154

p.1

### State Well Report Part I

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 #: R-55  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 5-5-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information                               | Well Location   |
|--|---|
| Owner Name: <u>Eric Wamble</u>                       | Latitude: <u>31.57</u> Longitude: <u>88.42</u>  |
| Mailing Address: <u>18 Sawelle Court</u>             | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Ocean Springs MS 39564</u><br>City State Zip Code | <u>SE ¼ SW ¼ Sec 6 Twn 1N Rng 16E</u>   |
| Telephone No. <u>(601) 687-0004</u>                  | Distance <u>6</u> Miles Direction <u>S</u> of Nearest Town <u>Quitman</u>                           |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5-5-08 Date well drilling completed: 5-5-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 1 feet above or below (circle one) land surface Date measured: 5-5-08

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 190 feet to 200 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David West 0692  
Print Name of Water Well Contractor and License No.

David A. West  
Signature of Water Well Contractor

RECEIVED

MAY 27 2008

BY: OLWR

May 28 08 10:26a WEST WATER WELL DRILLING

6014262154

p.3

R-55

If well telescopes please sketch below and show depths.

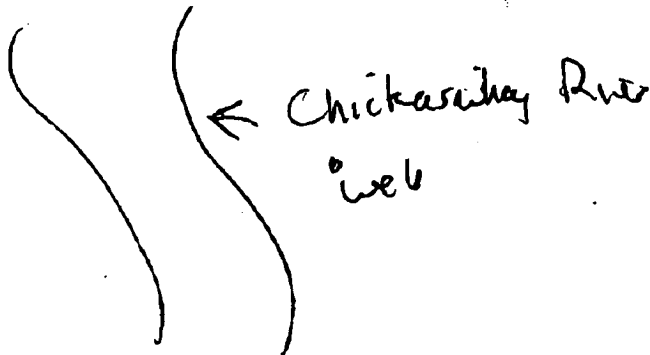
Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Sandy                                 | 0    | 24  |
| Clay                                  | 24   | 26  |
| Sandy                                 | 26   | 69  |
| Sandy/Clay                            | 69   | 82  |
| Rocky                                 | 82   | 86  |
| Clay                                  | 86   | 160 |
| Sandy                                 | 160  | 169 |
| Sand                                  | 169  | 200 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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) indicate direction.

Property is 2 mi. off of nearest county rd. and has no structures or any other identifying objects



Landowner Name: Eric Womble

*[Handwritten Signature]*

Signature of Water Well Contractor

RECEIVED

MAY 27 2008

BY: OLWR

May 28 08 10:26a

WEST WATER WELL DRILLING

6014262154

p.2

### 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 #: R-55

Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 5-6-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information                               | Well Location  |
|--|--|
| Owner Name: <u>Eric Womble</u>                       | Latitude: <u>31° 57'</u> Longitude: <u>88° 42'</u>             |
| Mailing Address: <u>18 Sauvelle Court</u>            | Method of Lat/Long (circle one): <u>Conventional Survey</u>    |
| <u>Ocean Springs MS 39564</u><br>City State Zip Code | <u>USGS qual, Hand-held GPS, Survey-grade GPS</u>              |
| Telephone No. <u>(601) 687-0004</u>                  | <u>SE ¼ SW ¼ Sec 6 Twn 1 N Rng 16 E</u>                        |
|  | Distance Direction Nearest Town<br><u>6 Miles S of Quitman</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine  | Electric Motor Hand Tractor PTO           |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____           |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1/2</u>   |
| Date Pump Installed: <u>5-6-08</u>                               | Setting Depth: <u>20</u> feet             |
| Rated Pump Capacity: <u>5</u> Gallons Per Minute                 | Number of Stages: _____                   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute            |   |
| Duration of Pump Test (minimum 4 hours): _____ hours   |   |

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

David West 01672 David West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 MAY 27 2008  
 BY: OLWR