

04/28/2008 07:54 6014281435
DEQ 42010

A-1 DRILLING SERVICE

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County: Covington
 Permit #: NA
 Driller: A-1 Drilling Serv
 Date drilling completed: 4-21-08

State Well Report

Part 1

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 #: A-44
 L. S. Elevation: _____
 E-log #: _____

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>London Lack #2</u>	Latitude: <u>31° 42' 00"</u> Longitude: <u>89° 39' 00"</u>
Mailing Address: <u>439 Water Well Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mt Olive, MS</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City: _____ State: <u>MS</u> Zip Code: <u>39119</u>	<u>NE 1/4 Sec 25 Twn 9N Rng 17W</u>
Telephone No. <u>(601) 382-3280</u>	Distance: <u>2 1/2</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Mt Olive</u>

Well Data

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

Date well drilling started: 4-16-08 Date well drilling completed: 4-21-08

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

Static Water Level: 83 feet above or below (circle one) land surface Date measured: 4-22-08

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

Hole depth: 200' Well depth: 200' Well grouted to a depth of 53 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 1.006 inches Setting depth: From 180 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: NA 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.

A-1 Drilling Service 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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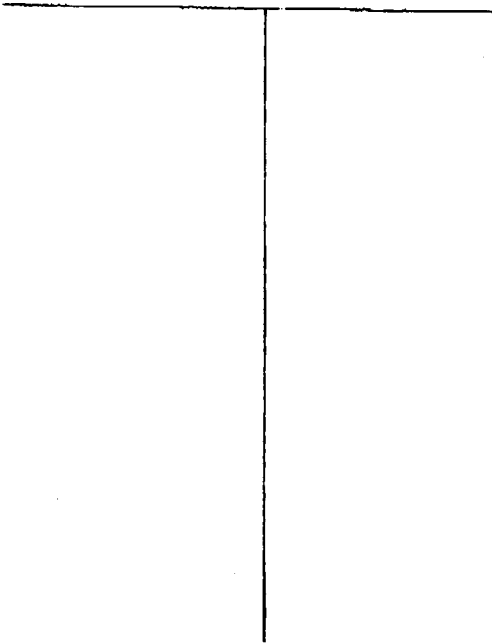
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A. 44

If well telescopes please sketch below and show depths.

Ground Level

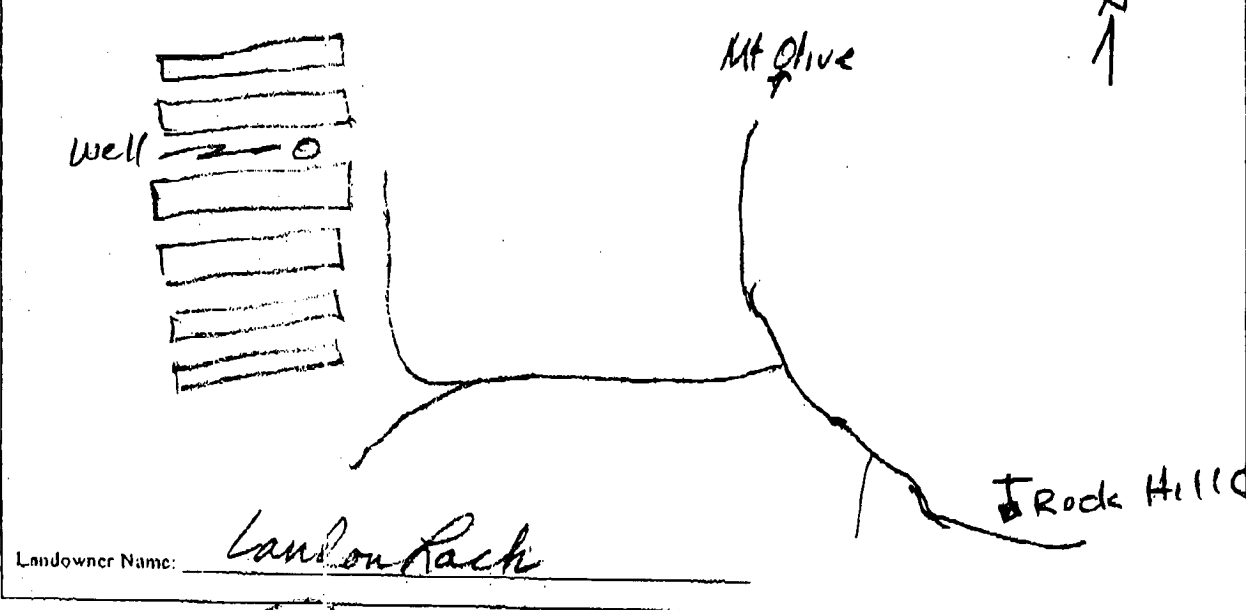


Description of Formations Encountered	From	To
<i>Red, sandy fill</i>	<i>0</i>	<i>4</i>
<i>top soil</i>	<i>4</i>	<i>5</i>
<i>clay, brown sandy</i>	<i>5</i>	<i>21</i>
<i>clay, tan, stiff</i>	<i>21</i>	<i>124</i>
<i>clay, sandy</i>	<i>124</i>	<i>146</i>
<i>sand, coarse</i>	<i>146</i>	<i>200</i>

If more than one screen, show location of each on sketch

#2

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.



Landowner Name: *Carson Rack*

Michael [Signature]
 Signature of Water Well Construction

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#2

STATE WELL REPORT

Part 2

County: Covington
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date completed: 4-22-08

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 #: A-44
 Elevation: _____

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>Anderson Arch</u>	Latitude: <u>31°42'</u> Longitude: <u>89°39'</u>
Mailing Address: <u>439 Water Well Rd</u> <u>Mt. Olive, MS</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39119</u>	<u>SW</u> 1/4 _____ 1/4 Sec <u>25</u> Twn <u>9N</u> Rng <u>17W</u>
Telephone No. <u>(601) 882-3208</u>	Distance _____ Direction _____ Nearest Town <u>Mt. Olive</u>
	<u>2 1/2</u> Miles <u>S</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	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 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</u>
Date Pump Installed: <u>4-22-08</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): <u>Some</u>
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.

Wilbur T. Baughman 0440 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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