

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 #: B-55
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 7-19-07

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>William Allen</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>561 Arbo Rd</u> <u>Mt Olive, MS 39119</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>9N</u> Rng <u>6W</u> |
| Telephone No. <u>606 797-9800</u> | Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SE</u> of <u>Mt Olive</u> |

Well Data

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

Date well drilling started: 7-19-07 Date well drilling completed: 7-19-07

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

Static Water Level: 5'0 feet above or below (circle one) land surface Date measured: 7-19-07

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 100 feet to 125 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: _____

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BY: OLWR

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.

JAMES WELLS 0-586
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

B-55

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 2 |
| Clay | 2 | 30 |
| Sand | 30 | 60 |
| Pea gravel | 100 | 125 |
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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.

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Landowner Name: William Allen

James Wells
Signature of Water Well Contractor

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 #: B-55

Elevation: _____

County: Covington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 7-19-07

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>William Allen</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>561 Arbor Rd</u> <u>Mt Olive, MS 39119</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>1/4</u> _____ <u>1/4</u> Sec <u>7</u> Twn <u>9N</u> Rng <u>16W</u> |
| Telephone No. <u>(601) 797-9800</u> | Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SE</u> of <u>Mt Olive</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3</u> |
| Date Pump Installed: <u>7-19-07</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>7-19-07</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface | Well yielded <u>35</u> GPM with a drawdown of |
| Test Pumping Rate: <u>35</u> Gallons Per Minute | <u>50</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer