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A-1 DRILLING SERVICE

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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:

County: COLLINGTON
Permit #:
Driller: A-1 DRILLING SERV
Date drilling completed: 6-30-06

Aquifer:
Well #: J-45
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:
Owner Name: JOEY COLLINS
Mailing Address: 407 HORNER RD
Collins MS 39428
Telephone No.:
Well Location:
Latitude:
Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4 Sec 10 Twn 7N Rng 16W
Distance: 7 Miles Direction: SW of Collins

Well Data
Purpose of Well (circle one) Home, Industrial, Public Supply, Irrigation, Fish Culture, Other: POULTRY FARM
Date well drilling started: 6-28-06 Date well drilling completed: 6-30-06
If flowing, method of flow regulation: Valve, Other (describe)
Static Water Level: 56' feet above/below (circle one) land surface Date measured: 6-29-06
Method of Measurement (circle one) steel tape, Electric tape, air line, other:
Hole depth: 185' Well depth: 162' Well grouted to a depth of 14 feet
Type of grout (circle one): Cement, Bentonite, Mix
Casing length: 161 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: .006 inches Setting depth: From 160 feet to 180 feet
Type of completion (circle all applicable): Gravel packed, Underreamed, Telescoped, Open hole, Natural Development
Other (describe):
Top of tap 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.
WILBUR T. BROUGHMAN, 0410
Signature of Water Well Contractor

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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)961-3210  
 (601)354-6938 (fax)

County: COWINGTON  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERV  
 Date completed: 6-30-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-45  
 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>JOEY COLLINS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>407 MT. HODERD,</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey.
<u>COLLINS MS 39428</u>	<input checked="" type="checkbox"/> <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec. 10 Twn _____ Rng _____</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1.7 Miles SW of COLLINS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u>	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>6-30-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>56</u> Feet <input checked="" type="checkbox"/> <u>Below</u> and Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> 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.  
WALTER T. BANGMAN 0450 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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