

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 #: 12-~~57~~ 57
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: Ray V. West Drilling
Date drilling completed: 10-23-06

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.

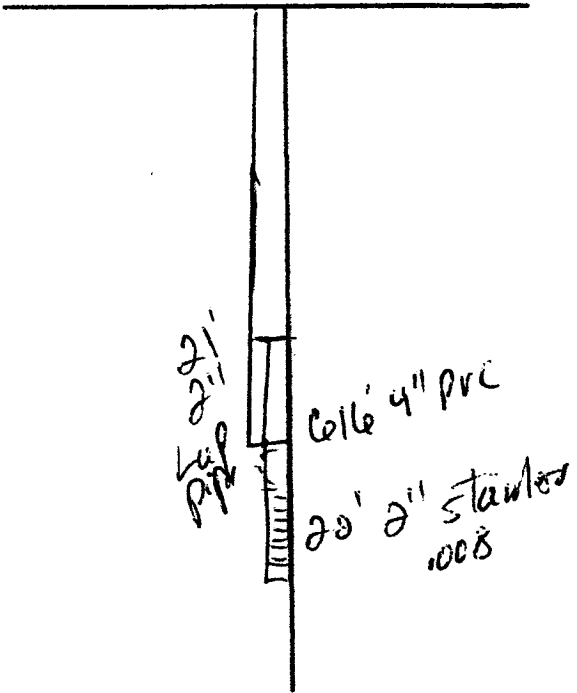
| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Houston Jones</u> | Latitude: <u>31.35.29</u> - Longitude: <u>89.32.10</u> |
| Mailing Address: <u>640 Cold Springs Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Collins</u> MS <u>39428</u> | <u>NW 1/4 NW 1/4 Sec 8 Twn 7N Rng 15W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>Collins</u> |
| Telephone No. <u>601 765-6462</u> | |
| Well Data | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Poultry Farm</u> | |
| Date well drilling started: <u>9-17-06</u> Date well drilling completed: <u>10-23-06</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>94</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>10-25-06</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Hole depth: <u>640</u> Well depth: <u>636</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>616</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>STAINLESS STEEL</u> | |
| Screen slot size: <u>.008</u> inches Setting depth: From <u>616</u> feet to <u>636</u> feet | |
| Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole <u>Natural Development</u> | |
| Other (describe): _____ | |
| Top of lap pipe or reduction in casing: <u>595'</u> feet. If telescoped or more than one screen, describe on back of page | |
| Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): <u>DEA</u> | |
| 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. | |
| <u>David A. West</u> <u>0-672</u> | <u>David A. West</u> |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor |

RECEIVED
JAN 24 2007
BY: OLWR

If well telescopes please sketch below and show depths.

K-28 57

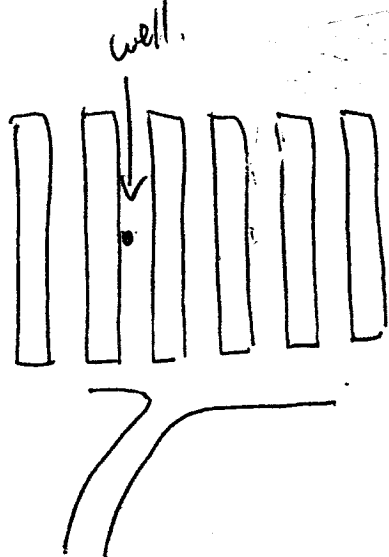
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CLAY | 0 | 69 |
| FINE SAND | 69 | 87 |
| CLAY | 87 | 206 |
| SAND | 206 | 211 |
| CLAY | 211 | 465 |
| SANDY | 465 | 485 |
| CLAY | 485 | 625 |
| SAND | 625 | 636 |
| CLAY | 636 | 640 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.



RECEIVED
JAN 24 2007
BY: OLWR

Landowner Name: Houston Jones

Dave A. ...
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)

County: Covington
 Permit #: _____
 Driller: Ray V. West Drilling
 Date completed: 10-23-06

For Office Use Only:

Aquifer: _____
 Well #: K-2157
 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>Houster Jones</u> | Latitude: <u>31°35'29"</u> Longitude: <u>89°32'10"</u> |
| Mailing Address: <u>640 Cold Springs Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Collins</u> <u>MS</u> <u>39428</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 8 Twn 7N Rng 15W</u> |
| Telephone No. <u>(601) 765-6462</u> | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>S</u> of <u>Collins</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>10-23-06</u> | Setting Depth: <u>180</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: _____ |

RECEIVED
JAN 24 2007

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

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

David A. West 0-670 David A. West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer