

County: Hinds
 Permit #: 4" well
 Driller: Water Well Service
 Date drilling completed: 8-6-07

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 #: V-128
 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>Bill Clausen</u>	Latitude: <u>32° 03' 12"</u> Longitude: <u>90° 20' 21"</u>
Mailing Address: <u>4867 Hwy 51</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Terry, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 31 Twn 3N Rng 1W</u>
Telephone No. <u>(601) 402-0163</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>South</u> of <u>Terry</u>

Well Data

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

Date well drilling started: 8-3-07 Date well drilling completed: 8-6-07

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 8-4-07

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

Hole depth: 100 Well depth: 90 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 80 feet to 90 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.

Arnold Fincher 0598

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Ground Level

Description of Formations Encountered

From To

V-128

Surface Sand	0	10
Clay	10	50
Sand	50	100

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.

4867
Hwy 51 South

well

Landowner Name: Bob Clausen

Arvid Janda Sr
Signature of Water Well Constructor

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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)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: V-128

Elevation: _____

County: Hinds
 Permit #: 4" well
 Driller: Water Works
 Date completed: 8-6-07

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>Bob Clausen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>US 7 Hwy 51</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Terry Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>3N</u> Rng <u>1W</u>
Telephone No. <u>(601) 402-0163</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>South</u> of <u>Terry</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> 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>8-5-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-5-07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>47</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ 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.

Arnold Fincher 0598 Arnold Fincher
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR