

DEQ

A-1 Drilling Service, Inc. 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: JASPER
Permit #: NA
Driller: MIKE BAUGHMAN
Date drilling completed: 7-7-04

Aquifer: _____
Well #: 031E-28
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>DEAN WILSON</u>	Latitude: <u>32° 04' 31"</u> Longitude: <u>89° 18' 09"</u>
Mailing Address: <u>536 CR1539</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad , <u>Hand-held GPS</u> , Survey-grade GPS
<u>LOVIN</u> MS <u>39338</u>	<u>NW 1/4 NW 1/4</u> Sec <u>29</u> Twn <u>3N</u> Rng <u>10E</u>
City State Zip Code	Distance <u>3/4</u> Miles Direction <u>N</u> of Nearest Town <u>LOVIN</u>
Telephone No. <u>(601) 739-3771</u>	

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Well Data

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

Date well drilling started: 5-26-04 Date well drilling completed: 7-7-04

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

Static Water Level: 133' feet above or below (circle one) land surface Date measured: 7-7-04

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

Hole depth: 720' Well depth: 695' Well grouted to a depth of 55 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 665 feet Casing diameter: 4 inches Type of casing: Galv. St.

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Bar weld

Screen slot size: .005 inches Setting depth: From 665' feet to 695 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): NA

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: NA

Name of organization running log(s): OFFICE OF GEOLOGY (Log no E-0028)

BY: OLWR

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 law.

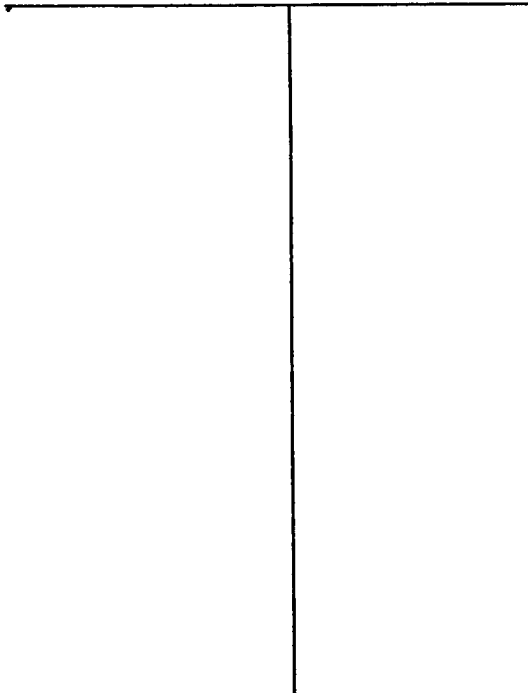
A-1 DRILLING SERV INC 0410
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

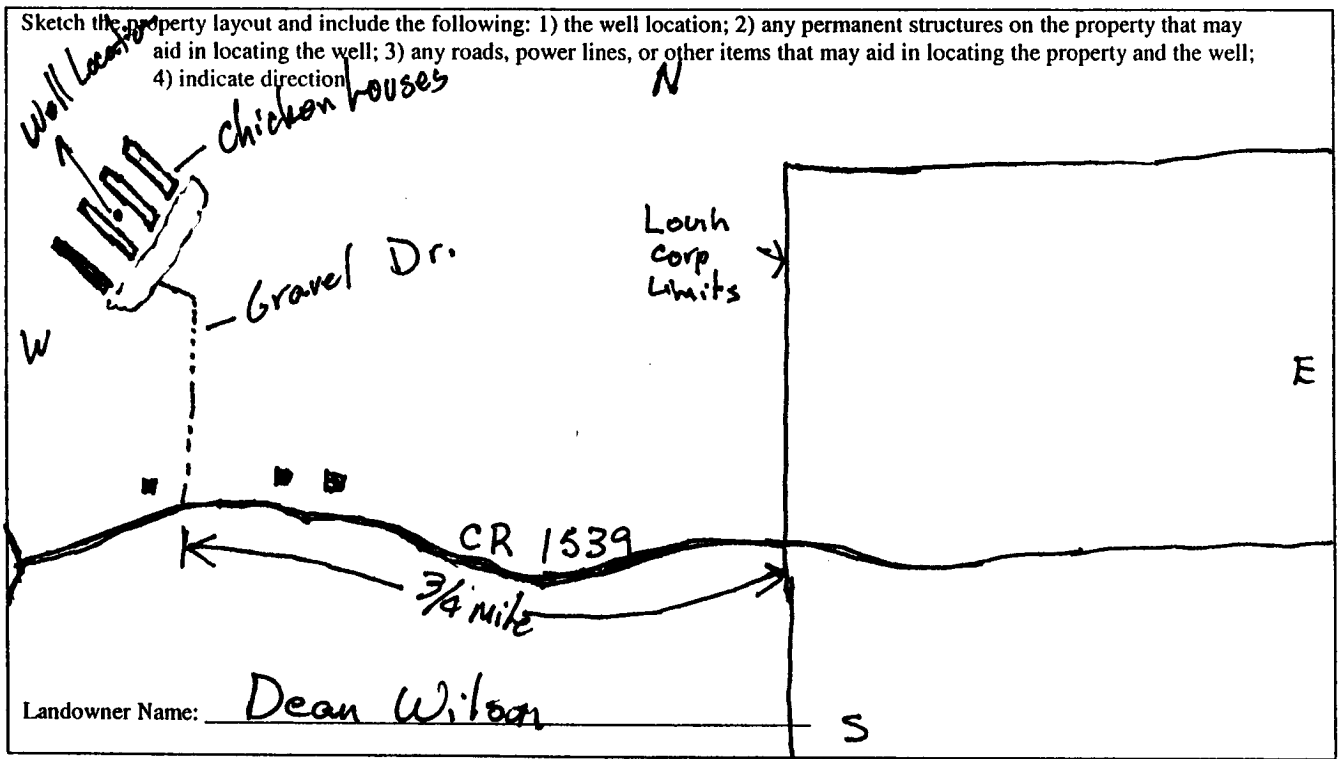
From To

Description of Formations Encountered	From	To
Tan clay	0	9
Yellow sand	9	10
gray clay	10	60
dr. clay w/ hard strcs.	60	297
stiff gray clay	297	296
soft gray clay	296	306
green sandy clay w/ seashells	306	325
brown clay	325	332
Sand w/ sea shells	332	392
Sand	392	362
brown clay	362	419
Sand	419	427
clay	427	498
Sand	498	460
clay, brown	460	598
Rock	598	558 1/2
clay	558 1/2	557
Rock	557	559 1/2
clay	559 1/2	562
Rock	562	564
Clay + Rocks	564	618
Sand	618	717
Sandy clay	717	720

BY: [Signature] LWR

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



Signature of Water Well Contractor: [Signature] 0587

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 #: 631

Elevation: _____

County: Jasper
 Permit #: N/A
 Driller: Mr. Baughman
 Date completed: 7-7-04

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>Dean Wilson</u>	Latitude: <u>32° 04' 31"</u> Longitude: <u>89° 18' 09"</u>
Mailing Address: <u>536 CR 1539</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louis</u> <u>Ms.</u> <u>39338</u> City State Zip Code	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>29</u> Twn <u>3N</u> Rng <u>10E</u>
Telephone No. (<u>601</u>) <u>739-3771</u>	Distance Direction Nearest Town <u>3/4</u> Miles <u>W</u> of <u>Louis</u>

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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>5 H.P.</u>
Date Pump Installed: <u>7-12-04</u>	Setting Depth: <u>231</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: <u>No test run.</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>133'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Mike Baughman 0587
 Print Name of Pump Installer and License No. (if applicable)

Mike Baughman
 Signature of Pump Installer