

well # 1

# 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 #: J-43  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: Roy U. West Drilling  
Date drilling completed: 10-28-05

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>Timber Plus Inc</u>              | Latitude: <u>32° 01' 05"</u> Longitude: <u>89° 14' 47"</u>                                                            |
| Mailing Address: <u>P.O. Box 1188</u>           | Method of Lat/Long (circle one): Conventional Survey,<br><u>DOT MAP</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Stringer MS 39481</u><br>City State Zip Code | <u>NE 1/4 SW 1/4 Sec 16 Twn 2N Rng 10E</u>                                                                            |
| Telephone No. <u>(601) 425-9505</u>             | Distance <u>1/2</u> Miles <u>N</u> Direction of <u>Bay Springs</u> Nearest Town                                       |

### Well Data

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

Date well drilling started: 10-28-05 Date well drilling completed: 10-28-05

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 10-28-05

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: .008 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From 85 feet to 105 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.

David A West 0672

Print Name of Water Well Contractor and License No.

David A West

Signature of Water Well Contractor

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BY: OLWR



Well # 1

# 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 #: J-43  
Elevation: \_\_\_\_\_

County: Jasper

Permit #: \_\_\_\_\_

Driller: Roy V. West Drilling

Date completed: 10-28-05

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>Timber Plus Inc</u>              | Latitude: <u>32° 01'</u> Longitude: <u>89° 14'</u>                                            |
| Mailing Address: <u>P.O. Box 1188</u>           | Method of Lat/Long (circle one): <u>DOT MAP</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Stringer MS 39481</u><br>City State Zip Code | <u>NE 1/4 SW 1/4 Sec 16 Twn 2N Rng 10E</u>                                                    |
| Telephone No. <u>(601) 425-9505</u>             | Distance Direction Nearest Town<br><u>2 Miles N of Bay Springs</u>                            |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                  |
|---------------------------------------------------|-------------------------------------------|
| Air Lift Jet <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>2</u>     |
| Date Pump Installed: <u>11-4-05</u>               | Setting Depth: <u>80</u> feet             |
| Rated Pump Capacity: <u>30</u> Gallons Per Minute | Number of Stages: _____                   |

| Pump Test Data                                         | Method of Measuring Water Level<br>Circle one                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: _____                                | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____                                                            |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ 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.  
David A West 0672 David A West  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
NOV 18 2005  
BY: OLWR