

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 #: K-44061
L. S. Elevation: _____
E-log #: _____

County: JASPER
Permit #: _____
Driller: JOHN PARKER
Date drilling completed: 9-6-04

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>ARTIS R. WINDHAM</u>	Latitude: <u>31° 59' 51" N</u> Longitude: <u>89° 12' 35" W</u>
Mailing Address: <u>3367 CR 23</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>LOVIN MS. 39338</u>	NW 1/4 SE 1/4 Sec <u>19</u> - Twn <u>2N</u> Rng <u>11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 764-6456</u>	<u>8</u> Miles <u>EAST</u> of <u>BAV SPRINGS</u>

Well Data

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

Date well drilling started: 9-4-04 Date well drilling completed: 9-6-04

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 9-16-04

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

Hole depth: 585 Well depth: 550 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 530 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 530 feet to 550 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: SP

Name of organization running log(s): STATE

RECEIVED
OCT 04 2004
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 laws.

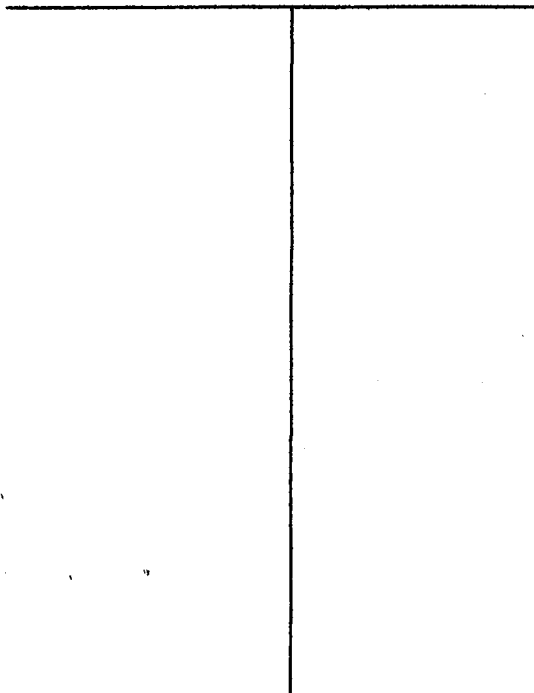
PARKER WELL SERVICE 0-553 John R. Parker

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

K-44

Ground Level



Description of Formations Encountered	From	To
SAND AND CLAY	0	110
CLAY GUMBO	110	315
SAND AND CLAY	315	440
CLAY	440	575
SAND	575	585
CLAY	585	585

RECEIVED

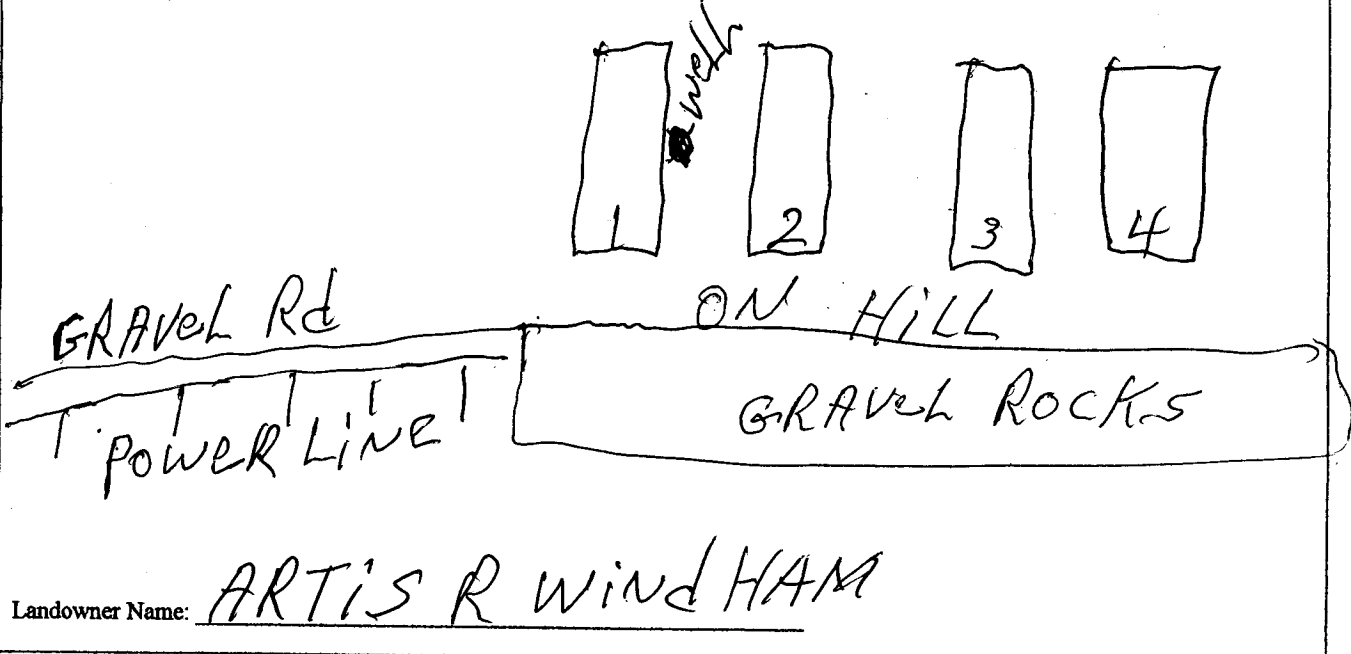
If more than one screen, show location of each on sketch

OCT 04 2004

BY: OLWR

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.

WATER METER



Landowner Name: ARTIS R WINDHAM

John R. Parker
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)

For Office Use Only:

Aquifer: _____

Well #: K-44

Elevation: _____

County: JASPER
Permit #: _____
Driller: Johnny Parker
Date completed: 9-16-04

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>ARTIS R. WINDHAM</u>	Latitude: <u>315951N</u> Longitude: <u>891235W</u>
Mailing Address: <u>3367 CR. 23</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LOUIN MS 39338</u>	USGS quad, (<u>Hand-held GPS</u>), Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>19</u> Twn <u>2N</u> Rng <u>11E</u>
Telephone No. <u>(601) 764-6456</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>EAST</u> of <u>BAY SPRINGS</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 <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u> <u>OCT 04 2004</u>
Date Pump Installed: <u>9-20-04</u>	Setting Depth: <u>270</u> feet <u>BY: OLWR</u>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-21-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>140'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>270'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>170'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>50</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Johnny R. Parker
Print Name of Pump Installer and License No. (if applicable)

Johnny R. Parker
Signature of Pump Installer

JOHNNY R. PARKER 0-553