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A-1 DRILLING SERVICE

PAGE 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 #: K-416
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: A-1 Drilling Serv
Date drilling completed: 10-10-05

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>Wiley Phillips</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>677 CR- #27</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay Springs, Ms. 39442</u>	<u>SE 1/4 SW 1/4 Sec 17 Twn 2N Rng 11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 764-3868</u>	<u>± 7 Miles E/NE of Bay Springs</u>

Well Data

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

Date well drilling started: 10-6-05 Date well drilling completed: 10-10-05

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

Static Water Level: 82' feet above or below (circle one) land surface Date measured: 10-10-05

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

Hole depth: 124 Well depth: 122 Well grouted to a depth of 56' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 108 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 107 feet to 122 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 Ganunn 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.

Mike Baughman 587 Mike Baughman

Print Name of Water Well Contractor and License No. 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: Jasper
 Permit #: _____
 Driller: A-1 Drilling Serv.
 Date completed: 10-10-05

For Office Use Only:
 Aquifer: _____
 Well #: K-
 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>Wiley Phillips</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>671 CR- #27</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Bay Springs, Ms. 39422</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 17 Twn 2 N Rng 11 E</u>
Telephone No. <u>(601) 764-3868</u>	Distance Direction Nearest Town
	<u>± 7 Miles E/NE of Bay Springs</u>

Pump Type Circle one	Power Type 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>1 1/2 H.P.</u>
Date Pump Installed: <u>10-10-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>82</u> 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 HEREDY CERTIFY that the above statements are true to the best of my knowledge.

Mike Baughman 587 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer