

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-48
 L. S. Elevation: _____
 E-log #: _____

County: JASPER
 Permit #: _____
 Driller: A-1 DRILLING SER
 Date drilling completed: 9-29-06

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>WES HENDRY #2</u>	Latitude: <u>32° 00' 69"</u> Longitude: <u>89° 09' 63"</u>
Mailing Address: <u>2044 CR16</u>	Method of Lat/Long (circle one): Conventional Survey, <u>38</u>
<u>LOVIN MS 39338</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 15 Twn 2N Rng 11E</u>
Telephone No. <u>(601) 764-2679</u>	Distance Direction Nearest Town <u>1.9</u> Miles <u>E</u> of <u>BAY SPRINGS</u>

Well Data

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

Date well drilling started: 9-17-06 Date well drilling completed: 10-4-06

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

Static Water Level: 65 feet above below (circle one) land surface Date measured: 9-29-06

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

Hole depth: 505 Well depth: 442' Well grouted to a depth of 60 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 432 feet Casing diameter: 4 inches Type of casing: GALV. ST.

Screen length: 10 feet Screen diameter: 4 inches Type of screen: BAR WELD SS

Screen slot size: .005" inches Setting depth: From 430 feet to 440 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: 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: _____

Name of organization running log(s): OFFICE OF GEOLOGY

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.

WILBUR T. BAUGHMAN 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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A-1 DRILLING SERVICE

PAGE 06

K-48

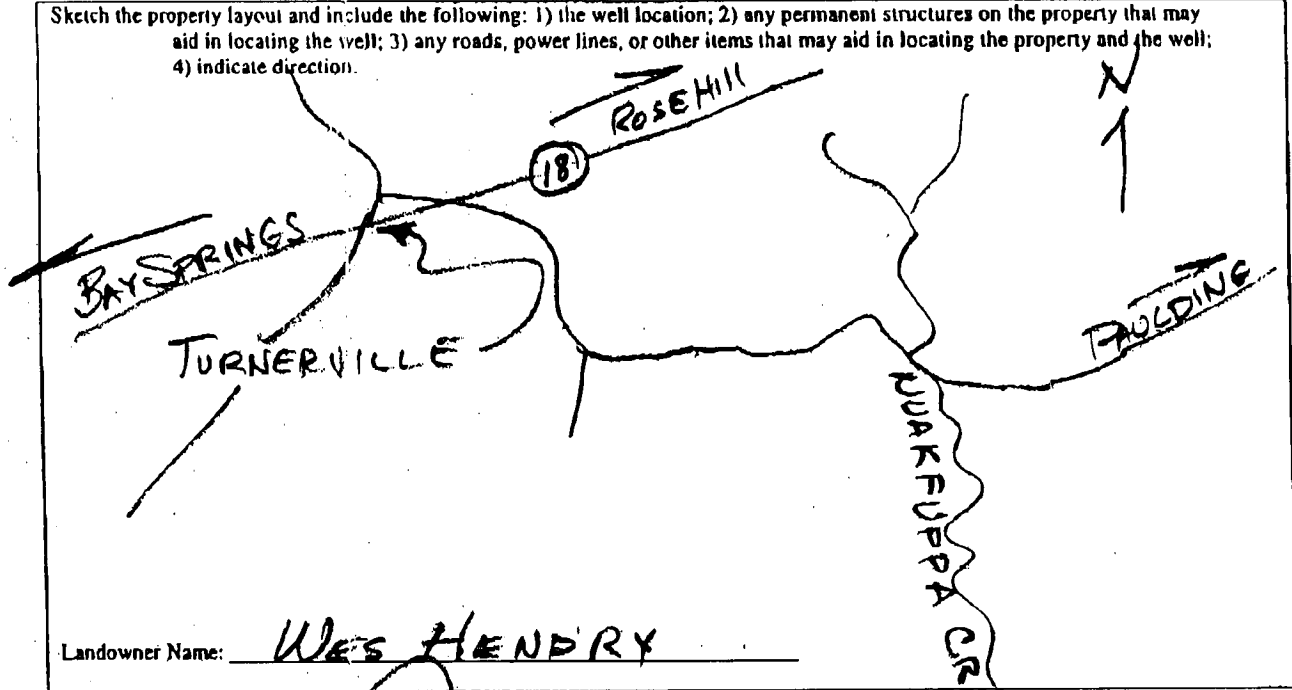
If well telescopes please sketch below and show depths.

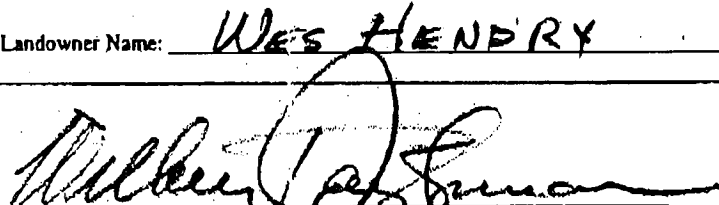
Ground Level

Description of Formations Encountered	From	To
Clay, tan	0	15
Clay, gray	15	244
Clay, (hard) sandy strcs	244	261
Clay, (gray)	261	281
Thin Rocks	281	
Clay, green, sdy, sea shells, clay	281	301
SAND, VEG	301	316
Clay	316	319
Sandy clay & sand	319	350
Clay, brown	350	353

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

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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 #: K-48
 Elevation: _____

County: JASPER
 Permit #: _____
 Driller: A1 DRILLER INC
 Date completed: 10-4-06

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>WES HENDRY</u>	Latitude: <u>32 00 69</u> Longitude: <u>89 09 63</u>
Mailing Address: <u>2044 CR 16</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>LOWIN MS 39338</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 15 Twn 2N Rng 11E</u>
Telephone No. <u>(601) 764-2679</u>	Distance Direction Nearest Town <u>1.9</u> Miles <u>E</u> of <u>BAY SPRINGS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>160</u> feet Number of Stages: <u>44</u>
Date Pump Installed: <u>10-4-06</u>	
Rated Pump Capacity: <u>33</u> Gallons Per Minute	

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): _____ 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.

WILBUR T. BAUGHMAN
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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