

### State Well Report

#### Part I

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 DRILL SERV  
 Date drilling completed: 8-20-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K-50  
 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>Mc NEIL ROLLING HILLS FARM (KENNETH McNEIL)</u> Mailing Address: <u>1051 CR 29</u> City: <u>LOVIN</u> State: <u>MS</u> Zip Code: <u>39338</u> Telephone No.: <u>(601) 764-3819</u>	Latitude: <u>32.02.09N</u> Longitude: <u>89.09.12W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> <u>E/2 SW</u> 1/4 <u>SE</u> 1/4 Sec <u>3</u> Twn <u>2N</u> Rng <u>11E</u> Distance <u>± 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>McNEAL</u>

**Well Data**

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

Date well drilling started: 8-6-07 Date well drilling completed: 8-20-07

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 8-17-07

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

Hole depth: 480' Well depth: 457.5' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 425 feet Casing diameter: 4 inches Type of casing: Galv steel

Screen length: 30.5 feet Screen diameter: 4 inches Type of screen: Bar welded ss

Screen slot size: .005 inches Setting depth: From 425 feet to 455.5 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): MS 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.

Print Name of Water Well Contractor and License No. Wilbur T. Baughman 0410 Signature of Water Well Contractor [Signature]

No pump

RECEIVED  
 SEP 14 2007  
 BY: OLWR

