

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)

For Office Use Only:

Aquifer: _____
 Well #: N-51
 L.S. Elevation: _____
 B-log #: _____

County: NASPER
 Permit #: GW 16892
 Driller: A-1 DRILLING INC
 Date drilling completed: 6-5-06

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>STRINGER WATER WORKS</u>	Latitude: <u>31° 52' 36"</u> Longitude: <u>89° 15' 28"</u>
Mailing Address: <u>P.O. Box 97</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>STRINGER MS 39481</u>	USGS quad: Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE NE</u> <u>SW 1/4 SE 1/4 Sec 34 Twn 1 N Rng DE</u>
Telephone No. <u>(601) 649-2855</u>	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>STRINGER</u>

Well Data

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

Date well drilling started: 4-4-06 Date well drilling completed: 6-5-06

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

Static Water Level: 114 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 940 Well depth: 442 Well grouted to a depth of 408 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 410 feet Casing diameter: 12 3/4 inches Type of casing: Epoxy ctd bl steel

Screen length: 31 feet Screen diameter: 8" OS inches Type of screen: Bar welded st steel

Screen slot size: .015 inches Setting depth: From 411 feet to 442 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: 348 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Block 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 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

11/02/1996 13:05

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A-1 DRILLING SERVICE

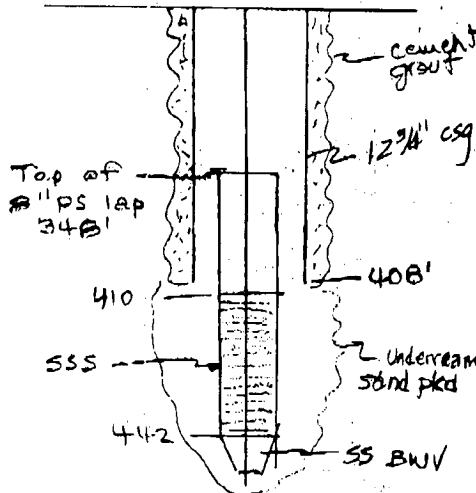
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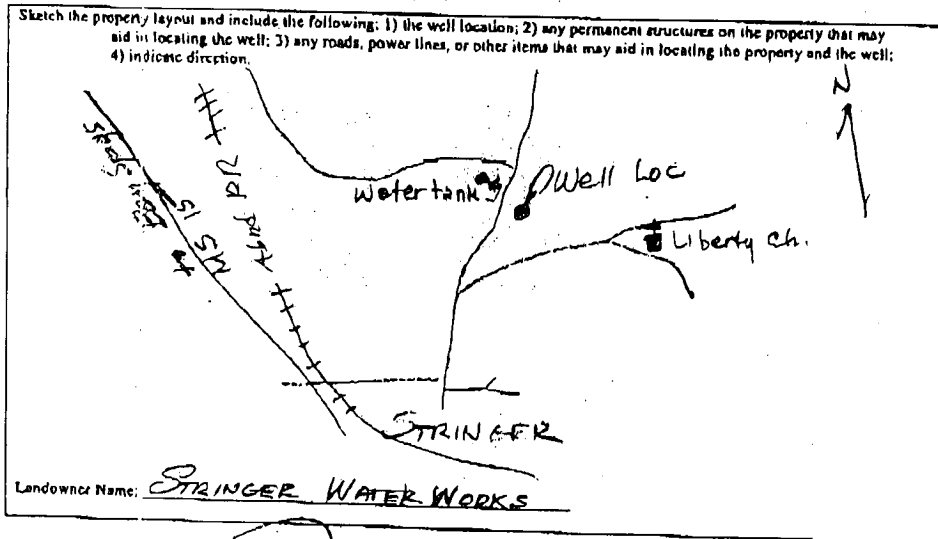
If well telecopies please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay orange	0	4
Clay red sandy	4	17
Clay tan white & pink	17	24
Sand v. coarse	24	77
Clay tan	77	83
Clay gray	83	151
Sand w/ hard streaks	151	217
Clay gray sandy	217	236
Sand & clay streaks	236	251
Clay gray	251	322
Rock - hard streaks	322	357
Clay sandy hard streaks	357	362
Sand & clay mixed	362	374
Clay gray brown fossils	374	418
Sand fine gray	418	441
Clay gray (locke 493')	441	453
Clay green	453	508
Clay dark gray	508	521
Clay w/ sandy streaks	521	550
Clay sandy streaks v. fine	550	572
Clay gray	572	583
Clay w/ black ledges	583	640

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



[Handwritten Signature]
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: JASPER
 Permit #: _____
 Driller: A-1 DRILLING SER
 Date completed: 12-7-06

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>STRINGER WATER WORKS</u>	Latitude: <u>31 52 36</u> Longitude: <u>49 15 28</u>
Mailing Address: <u>P.O. Box 97</u>	Method of Lat/Long (circle one): Conventional Survey
<u>STRINGER MS 39481</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 34 Twn 1N Rng 10E</u>
Telephone No. <u>(601) 649-2855</u>	Distance Direction Nearest Town
	<u>1 Miles N of STRINGER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor (T/O)
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>11-30-06</u>	Setting Depth: <u>371</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute <u>(2,500' TDH)</u>	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>109</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>252</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown ((B) - (A)): <u>143</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of _____
Test Pumping Rate: <u>172</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Wilbur T. Baughman 0410 Wilbur T. Baughman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer