

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)

County: Jasper
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 4-4-2007

For Office Use Only:
 Aquifer: _____
 Well #: N-5853
 L.S. Elevation: _____
 F-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>Timmy Jones</u>	Latitude: <u>31° 55' 20" N</u> Longitude: <u>89° 18' 12" W</u>
Mailing Address: <u>73 CR 1515</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ray Springs MS 39422</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SW 1/4 Sec 17 Twn 14 Rng 10 E</u>
Telephone No. <u>(601) 764-6544</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>N</u> of <u>Stinger</u>

Well Data

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

Date well drilling started: 3-25-2007 Date well drilling completed: 4-4-2007

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

Static Water Level: 70' feet above or below (circle one) land surface Date measured: 4-4-2007

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

Hole depth: 290' Well depth: 272' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 228' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30' feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 008 inches Setting depth: From 228' 255 feet to 248' 265 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: _____

Name of organization running log(s): D.E.Q.

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.

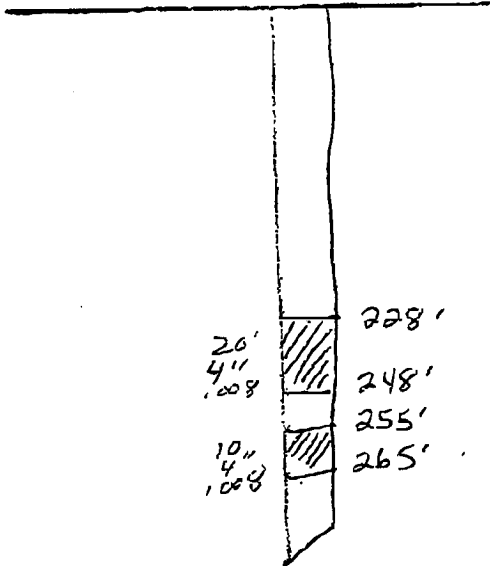
A.J. Fincher #0-560MS _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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N-5553

If well telescopes please sketch between the show depth.

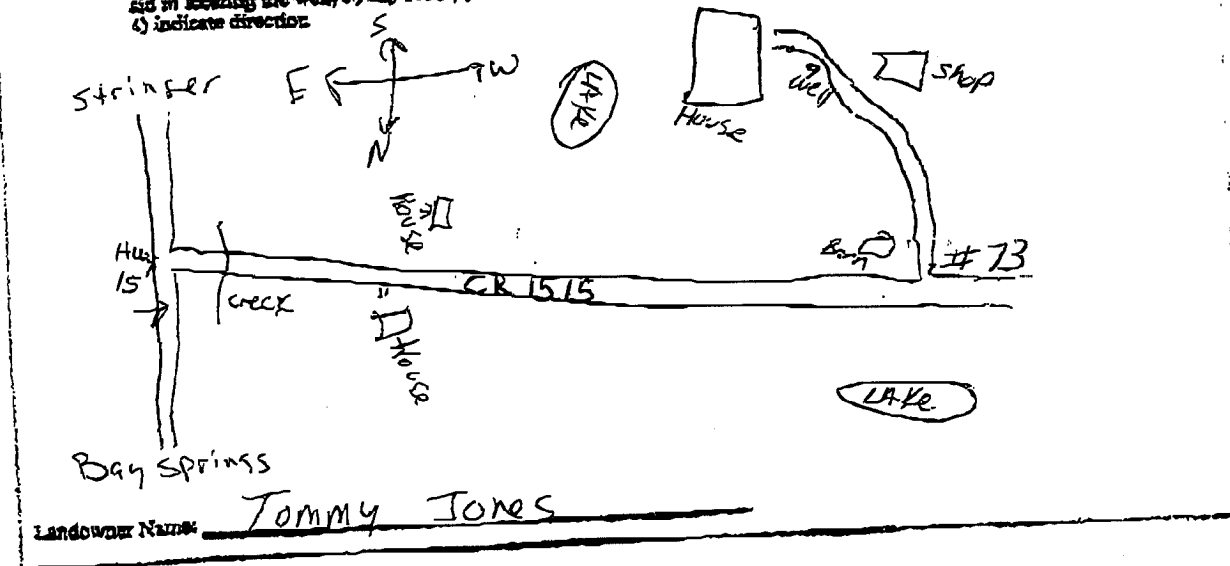
Ground Level



Description of Formations ENCOUNTERED	From	To
Red sand	0	61
Gray clay	61	95
SAND	95	112
Gray clay	112	128
Lime stone & sand streaks	128	160
Gray clay	160	167
SAND	167	185
SANDY clay	185	228
SAND	228	248
CLAY	248	255
SAND	255	265
CLAY	265	

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

Sketch for 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 #: N-5553
 Elevation: _____

County: Jasper
 Permit #: _____
 Driller: A.J. Fincher
 Date completed: 4-10-2007

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>Tommy Jones</u>	Latitude: <u>315520N</u> Longitude: <u>891812W</u>
Mailing Address: <u>73 CR 1515</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Ray Springs MS 39422</u> City State Zip Code	<u>NW 1/4 SW 1/4 Sec 17 Twn 1N Rng 10E</u>
Telephone No. <u>(601) 764-6544</u>	Distance Direction Nearest Town <u>3 Miles N of Stringer</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>5</u>
Date Pump Installed: <u>4-4-2007</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-4-2007</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55'</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>65</u> Gallons Per Minute	<u>55'</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
A.J. Fincher #0-560MS [Signature] RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

APR 28 2007

BY: OLWR