

Jasper Co.
Permit #: JA, Park
Driller: JA, Park
Date drilling completed: 11-3-07

CART 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)

Aquifer: _____
Well #: N54
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

Owner Name: SONNY BUFKIN
Mailing Address: STRINGER MS.
STRINGER MS
City: _____ State: _____ Zip Code: _____
Telephone No.: 601 428-8082

Well Location

Latitude: 31° 53' 22" N Longitude: 89° 16' 08" W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ SW ¼ Sec. 27 Twn 1N Rng 10W E
Distance: 6 Miles Direction: NORTH of Nearest Town: STRINGER

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-25-07 Date well drilling completed: 11-3-07
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 80' feet above or below (circle one) land surface Date measured: 11-1-07
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 180' Well depth: 170' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 150 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 150 feet to 170 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): STATE

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.

JOHN R. PARKER
Print Name of Water Well Contractor and License No. 0-0553 John R. Parker
Signature of Water Well Contractor

RECEIVED
MAY 23 2008
BY: OLWP

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: JR Park
 Date completed: 11-3-07

For Office Use Only:

Aquifer: _____
 Well #: NS4
 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>SONNY BUCKIN</u>	Latitude: <u>31.5322</u> Longitude: <u>89.1608</u>
Mailing Address: <u>STRINGER MS</u>	Method of Lat/Long (circle one): Conventional Survey,
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>E</u>
Telephone No. <u>(601) 428-8082</u>	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>1N</u> Rng <u>10W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NORTH</u> of <u>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>1 1/2</u>
Date Pump Installed: <u>11-2-07</u>	Setting Depth: <u>130'</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-2-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>30</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOHNNY R PARKER Johnny R. Parker MAY 23 2008
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer BY: OLWR

0-0553