

### 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 #: NA  
 Driller: A-1 DRILL SERVICE  
 Date drilling completed: 5-8-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: ON-59  
 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>MARION MCCARTY</u>	Latitude: <u>31.53.36"</u> Longitude: <u>89.13.78"</u>
Mailing Address: <u>65 CR 713</u>	Method of Lat/Long (circle one): Conventional Survey, <u>47</u>
<u>STRINGER MS 39481</u>	<u>USGS quad</u> <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 Sec <u>25</u> Twn <u>1N</u> Rng <u>10E</u>
Telephone No. <u>(601) 725-4627</u>	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>Stringer</u>

**Well Data**

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

Date well drilling started: 5-7-09 Date well drilling completed: 5-8-09

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

Static Water Level: 92.8 feet above below (circle one) land surface Date measured: 5-11-09

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

Hole depth: 178' Well depth: 176 Well grouted to a depth of 13 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 156 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 156 feet to 176 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): \_\_\_\_\_

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 J. Baughman 0410 Albin [Signature]  
 Print Name of Water Well Contractor and License No. 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)

County: JASPER  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERVICE INC  
 Date completed: 5-11-09

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: N-59  
 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>MARION McCARTY</u>	Latitude: <u>31°53'36"</u> Longitude: <u>89°13'78"</u>
Mailing Address: <u>65 CR 713</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>STRINGER MS 39481</u>	<u>SW</u> 1/4 Sec <u>25</u> Twn <u>1N</u> Rng <u>10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 725-4627</u>	<u>±2</u> Miles <u>E</u> of <u>STRINGER</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>5-11-09</u>	Horse Power Rating of Motor: <u>3</u>
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Setting Depth: <u>152</u> feet
	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>SONIC</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>92.8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> OPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>NA</u> feet after _____ hours of pumping
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. Bruchmann Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

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 MAY 13 2009  
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