

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: NASPER
 Permit #: ~~0-11-04~~
 Driller: M. Baughman
 Date drilling completed: ~~0-11-04~~
8-11-04

For Office Use Only:
 Aquifer: _____
 Well #: Q-54
 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>TOM LESTER</u>	Latitude: <u>31° 56' 17"</u> Longitude: <u>88° 55' 25"</u>
Mailing Address: <u>3 HIGHLAND WOODS DR</u> <u>LAUREL, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39440</u>	<u>SW</u> 1/4 _____ 1/4 Sec <u>14</u> Twn <u>1N</u> Rng <u>13E</u>
Telephone No. (601) <u>428-7831</u>	Distance _____ Direction _____ Nearest Town _____ <u>±1</u> Miles <u>NE</u> of <u>VOSSBURG</u>

Well Data

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

Date well drilling started: 7-22-04 Date well drilling completed: 8-11-04

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

Static Water Level: 191 feet above or below (circle one) land surface Date measured: 8-11-04 2004

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

Hole depth: 467' Well depth: 445' Well grouted to a depth of 21 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 434 feet Casing diameter: 4 inches Type of casing: GALV T&C

Screen length: 10 feet Screen diameter: 4 inches Type of screen: BAR WELD ST ST

Screen slot size: .005 inches Setting depth: From 434 feet to 444 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): OFFICE OF GEOLOGY

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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. I. DRILLING SER., INC 0410-
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

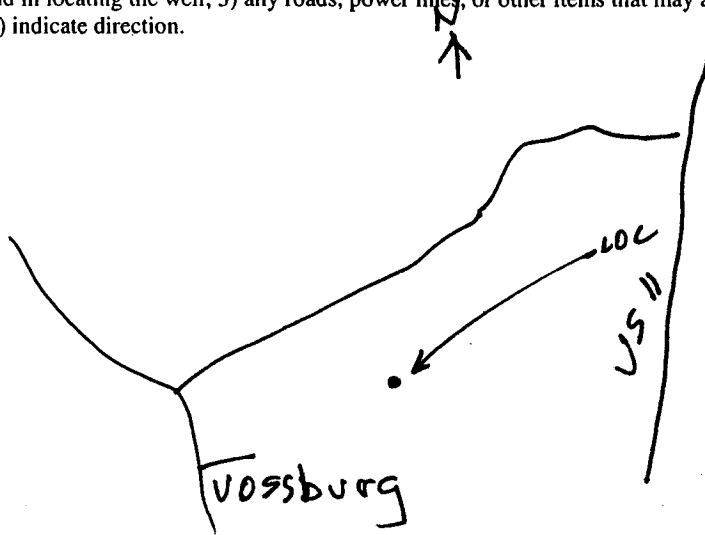
Ground Level

Q-54

Description of Formations Encountered	From	To
Red sandy clay	0	5
Sand, some gravel, yellow	5	40
Rock	40	40 1/2
Clay, gray, brownish	40 1/2	122
Rock	122	—
Clay, gray-green	122	270
Clay w/ hard streaks	270	284
Clay, gray-green	284	332
Rock	332	—
Clay, limey	332	337
Rock - 2", hard	337	—
Clay, limey, hard stks, fossils	337	348
Clay, sandy w/ hard stks	348	362
Sand, sea shells	362	380
Clay, brown, lig	380	390
Sand w/ clay, sdly clay	390	418
Clay, tan, lig	418	424
Sand, v. fine, gray w/ lig	424	460
Clay, brown, stiff	460	467

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

Sketch the 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.



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Landowner Name: _____

Signature of Water Well Contractor
Signature of Water Well Contractor

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 #: Q-54

Elevation: _____

County: WAZPER

Permit #: _____

Driller: M. Baughman

Date completed: 8-11-04

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>TOM LESTER</u> Mailing Address: <u>3 HIGHLAND WOODS DR</u> <u>LAUREL MS 39440</u> <small>City State Zip Code</small> Telephone No. <u>(601) 428-7831</u>	Latitude: <u>315617</u> Longitude: <u>885525</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW</u> 1/4 Sec <u>14</u> Twn <u>1N</u> Rng <u>13E</u> Distance Direction Nearest Town <u>1.1</u> Miles <u>NE</u> of <u>VOSSBURG</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>8-11-04</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>315</u> feet Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No test run</u> Static Water Level (A): <u>191</u> Feet Below Land Surface Pumping Water Level (B): <u>NA</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface Test Pumping Rate: <u>NA</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>NA</u> feet Well yielded <u>NA</u> GPM with a drawdown of <u>NA</u> feet after <u>NA</u> hours of pumping

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

M-I DRILLING SER, INC 0410
 Print Name of Pump Installer and License No. (if applicable)

M. Baughman
 Signature of Pump Installer