

04/07/1996 11:22 6014281435

A-1 DRILLING SERVICE

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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)

For Office Use Only:

Aquifer: _____
 Well #: 5-43
 L. S. Elevation: _____
 E-log #: _____

County: JASPER
 Permit #: _____
 Driller: A-1 DRILLING
 Date drilling completed: 11-15-05

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>FRANK GRAMM</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1018 C.R.B.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>LAUREL MS 39443</u> City State Zip Code | <u>NW 1/4 SE 1/4 Sec 23 Twn 10N Rng 12W</u> |
| Telephone No. <u>(601) 428-8916</u> | Distance Direction Nearest Town <u>1/2 Miles NE of MOSS</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: CATTLE H₂O

Date well drilling started: 11-14-05 Date well drilling completed: 11-14-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 11-14-05

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

Hole depth: 34 Well depth: 33 Well grouted to a depth of 11 feet

Type of grout (circle one): cement penonite Mix

Casing length: 24 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 23 feet to 33 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): NA

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-1 DRILLING SERVICE 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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DEC 07 2005

BY: OLWR

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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 #: S-43

Elevation: _____

County: NASPER

Permit #: _____

Driller: _____

Date completed: 11-15-05

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>FRANK GRAHAM</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1018 CRB</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>LAUREL MS 39443</u> City State Zip Code | <u>NW 1/4 SE 1/4 Sec 23 Twn 10N Rng 12W</u> |
| Telephone No. <u>(601) 428-8916</u> | Distance Direction Nearest Town <u>1/2 Miles NE of MOSS</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>11-15-05</u> | Setting Depth: <u>26</u> feet |
| Rated Pump Capacity: <u>13</u> Gallons Per Minute | Number of Stages: <u>5</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>NA</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>10</u> Feet <input checked="" type="radio"/> (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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>NA</u> Gallons Per Minute | |
| 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. BAUGHMAN 0410 Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

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 BY: OLWR