

Def

County: Jasper
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date drilling completed: 3-29-15

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 #: 351
 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>April Jackson</u>	Latitude: <u>31° 49' 7"</u> Longitude: <u>89° 13' 42"</u>
Mailing Address: <u>81 CR 82</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>well #1</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Laurel MS 39493</u>	<u>NW 1/4 SW 1/4 Sec 20 Twn 10N Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 319-6200</u>	<u>+ 3 Miles West of MOSS</u>

Well Data

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

Date well drilling started: 3-25-15 Date well drilling completed: 3-29-15

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

Static Water Level: 65' feet above or below (circle one) land surface Date measured: 3-29-15

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

Hole depth: 275' Well depth: 270' Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 250 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 250 feet to 270' 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): _____

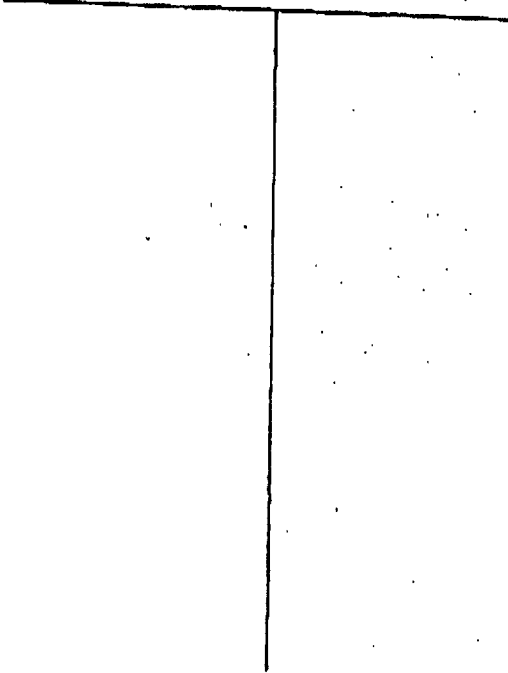
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Mike Baughman 0587
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

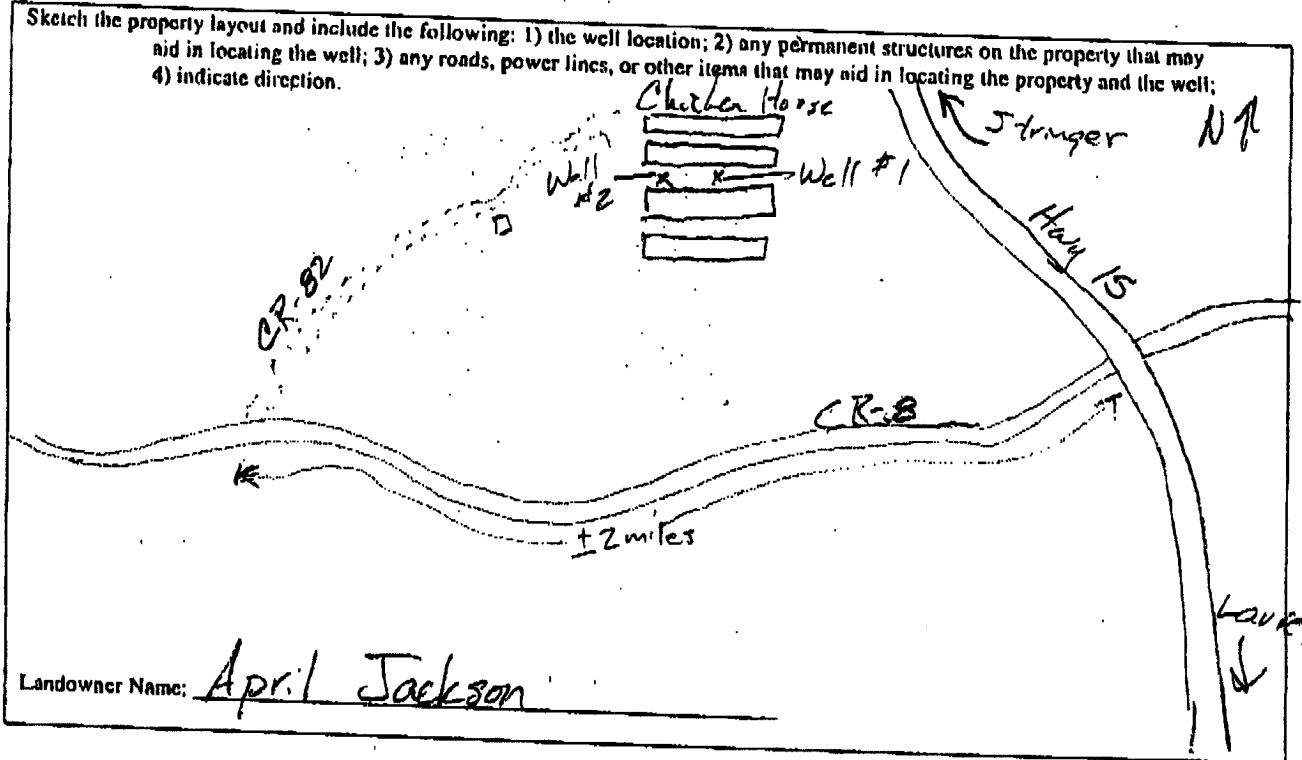
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay Fill	0	4
Tan clay	4	13
Tan sand w/ clay streaks	13	35
Soft white clay	35	40
Sand	40	76
Tan clay	76	84
tan clay	84	107
Sandy clay mixed	107	118
Sh. BK tan clay	118	183
Sand + clay mixed	183	197
Sand	197	205
Sand-clay mixed	205	213
Coarse sand	213	224
Clay	224	219

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



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 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Jasper
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 3-29-15
Copy information from block on Part 1

For Office Use Only:
 Well #: 351
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>April Jackson</u>		Latitude: <u>31° 49' 7"</u>	Longitude: <u>89° 13' 47"</u>
Mailing Address: <u>81 CR 82</u>		Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Well #: <u>well #1</u>		USGS quad _____, Sec. <u>20</u> T. <u>10N</u> R. <u>12W</u>	
City: <u>Laurel</u> State: <u>Mo.</u> Zip Code: <u>39443</u>		<u>3</u> Miles <u>West</u> of <u>Moess</u>	
Telephone No. <u>(601) 319-6200</u>		(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-3-15 Rated Pump Capacity: 55 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5 Setting Depth: 140 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 4-3-15 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 65 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Mike Baughman 0587 4-7-15 Mike Baughman
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)