

DEQ

State Well Report Part I

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: Jones
 Permit #: _____
 Driller: M. Baughman
 Date drilling completed: 11-1-04
A-1 Drilling Service Inc.

For Office Use Only:
 Aquifer: _____
 Well #: Q-203
B-95
 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>Mike Bush</u>	Latitude: <u>31.44.24'</u> Longitude: <u>89.10.84'</u>
Mailing Address: <u>Box 3 Ranch</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 8327</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Laurel</u> <u>Ms</u> <u>39440</u>	<u>SW 1/4 NE 1/4 Sec 22</u> Twn <u>11W</u> Rng <u>9N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>NE</u> of <u>Laurel, Ms</u>

Well Data

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

Date well drilling started: 10-25-04 Date well drilling completed: 10-26-04

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

Static Water Level: 78' feet above or below (circle one) land surface Date measured: 10-27-04

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

Hole depth: 246' Well depth: 239' Well grouted to a depth of 14' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 239 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 219 feet to 239' 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: N/A 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 Mike Bay
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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B-95
C-203

If well telescopes please sketch below and show depths.

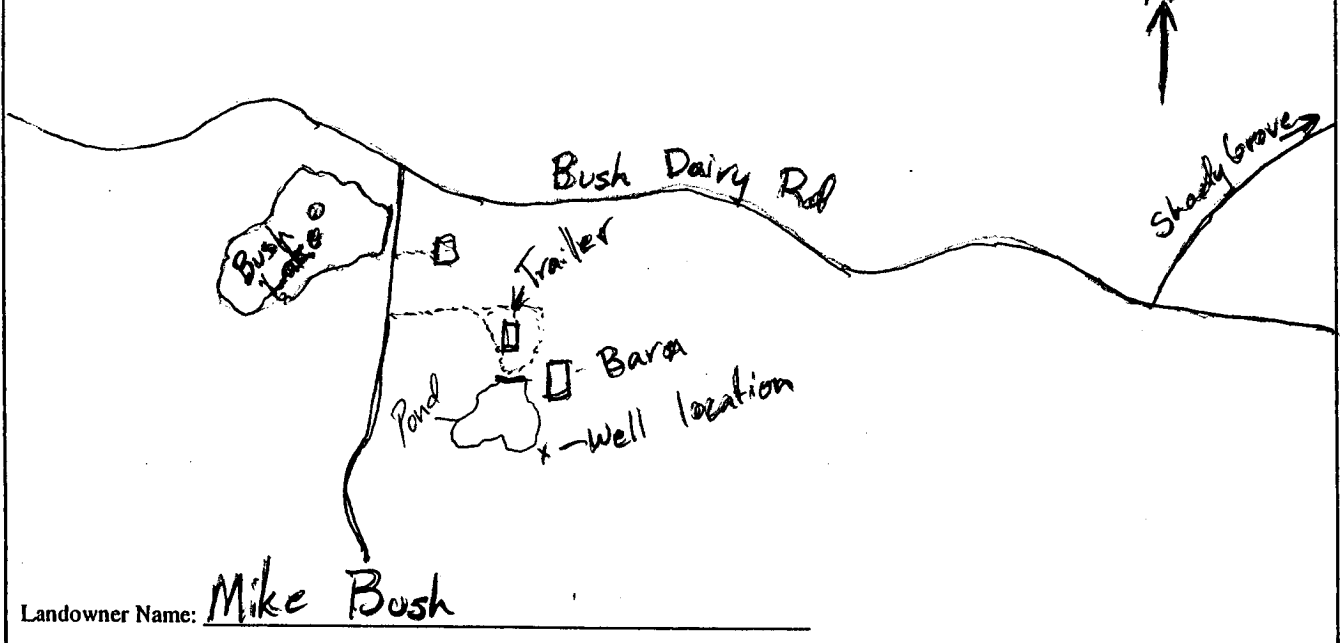
Ground Level

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Description of Formations Encountered	From	To
Red Sandy Clay	0	7
White clay	7	18
Sandy clay	18	23
Sand	23	44
Gray clay	44	56
Sand	56	58
gray clay	58	110
Sand	110	117
clay	117	175
Sand	175	242
Sandy clay	242	246

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.



Mike Bush
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)

For Office Use Only:

Aquifer: _____

Well #: C-203B-45

Elevation: _____

County: Jones
 Permit #: _____
 Driller: M. Baughman
 Date completed: 11-1-04

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>Mike Bush</u>	Latitude: <u>31° 44' 12"</u> Longitude: <u>89° 10.842'</u>
Mailing Address: <u>Bar S Ranch</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>PO Box 8327</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Laurel Ms. 39440</u>	<u>SW 1/4 NE 1/4 Sec 22 Twn 11W Rng 9N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>NE</u> of <u>Laurel Ms.</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>5 HP</u>
Date Pump Installed: <u>11-1-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-04</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>78'</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: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

Mike Baughman 0587
 Print Name of Pump Installer and License No. (if applicable)

Mike Bush
 Signature of Pump Installer

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