

### State Well Report

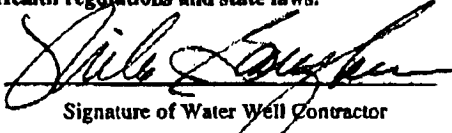
#### Part 1

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: Jones  
 Permits #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date drilling completed: 2-21-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B-104  
 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>Brian Jordan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>137 Welch Rd</u> <u>Laurel, Ms, 39443</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 6 Twn 9N Rng 12W</u>
Telephone No. <u>(601) 729-2375</u>	Distance: <u>±4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Laurel</u>
Well Data	
Purpose of Well (circle one) Home: <u>Industrial</u> Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-19-07</u> Date well drilling completed: <u>2-21-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>53'</u> feet above or below (circle one) land surface Date measured: <u>2-20-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>175'</u> Well depth: <u>170'</u> Well grouted to a depth of <u>51</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>150'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20'</u> feet Screen diameter: <u>4</u> inches Type of screen: _____	
Screen slot size: <u>.006</u> inches Setting depth: From <u>130'</u> feet to <u>150'</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.	
<u>Mike Baughman 0587</u>	
Print Name of Water Well Contractor and License No.	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 #: B-104  
 Elevation: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date completed: 3-1-07

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>Brian Jordan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>137 Welch Rd.</u> <u>Laurel Ms, 39443</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 SW 1/4 Sec 6 Twn 9N Rng 12W</u>
Telephone No. <u>(601) 729-2375</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1.9</u> Miles <u>NNW</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-1-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

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

[Signature]  
 Signature of Pump Installer