

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 #: B-107
 L. S. Elevation: _____
 E-log #: B107

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Serv.
 Date drilling completed: 10-29-07

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>SANDY MEADERS</u>	Latitude: <u>31-45-39"</u> Longitude: <u>89-09-07"</u>
Mailing Address: <u>RENT ALI. OF LAUREL</u> <u>1518 BUSH DAIRY RD</u> <u>LAUREL MS 39440</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE, SE</u> <u>NW 1/4 SE 1/4</u> Sec. <u>12</u> Twn. <u>9N</u> Rng. <u>12W</u>
Telephone No. <u>(601) 425-3856</u>	Distance <u>13</u> Miles Direction <u>N</u> of Nearest Town <u>LAUREL</u>

Well Data

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

Date well drilling started: 10-24-07 Date well drilling completed: 10-29-07

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

Static Water Level: 52 feet above (or below) (circle one) land surface Date measured: 10-30-07

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

Hole depth: 349 1/2' Well depth: 160' Well grouted to a depth of 52 feet

Type of grout (circle one): Cement Bestonite Mix

Casing length: 122 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1.006 inches Setting depth: From 120 feet to 140 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

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 law.

A-1 DRILLING SERV, INC. 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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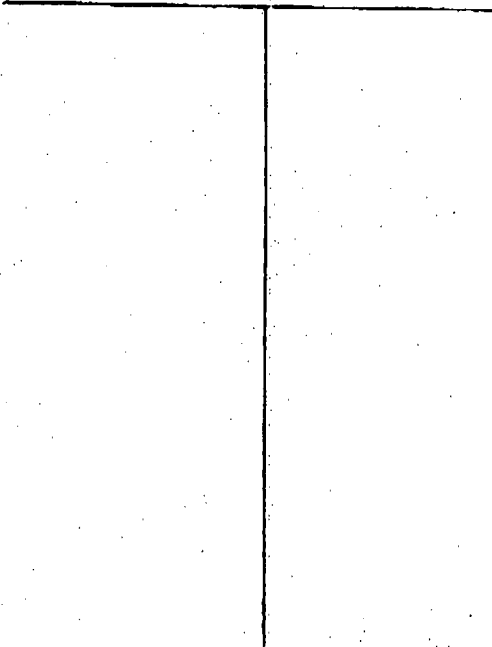
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If well telescopes please sketch below and show depths.

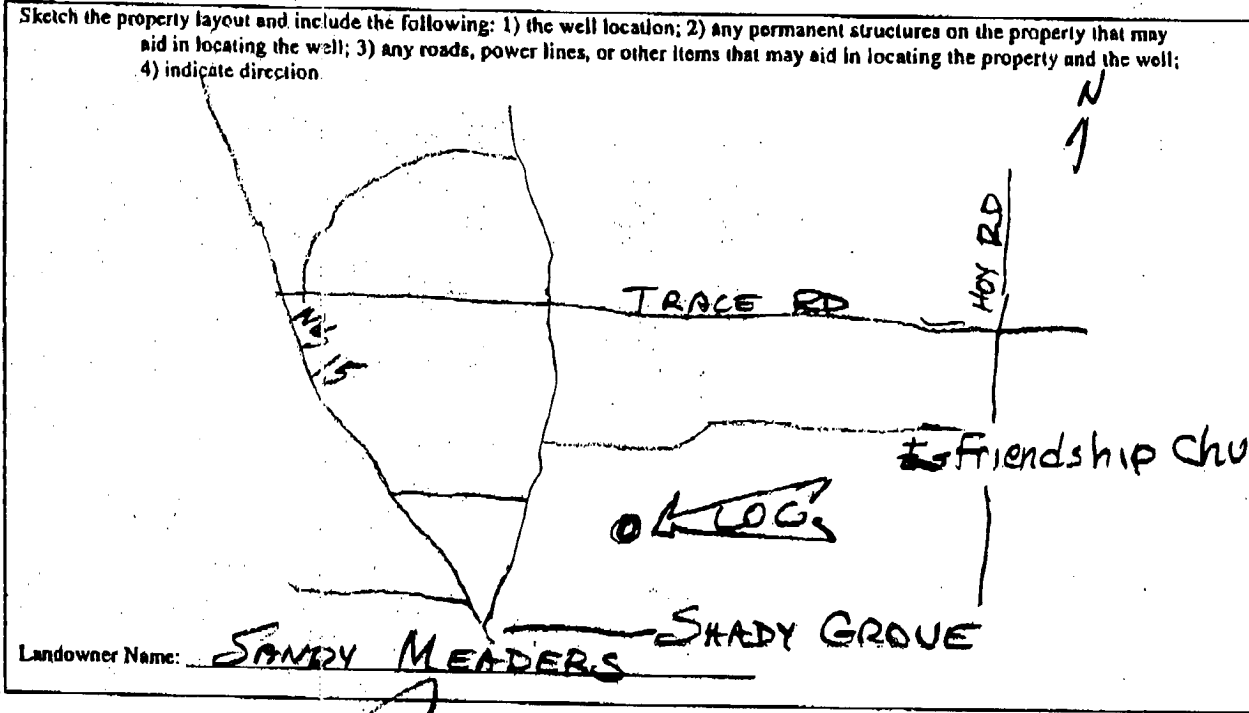
Ground Level



Description of Formations Encountered	From	To
Clay, tan & orange	0	18
Clay, sand, sandy clay	18	21
Sand	21	32
Clay, light gray	32	52
Rock	52	
Clay, tan	52	104
Sand	104	139
Rock	139	139 1/2
Clay, gray w/ sandy stks	139 1/2	173
Sand	173	177
Clay, gray	177	181
Sand & clay mixed	181	214
Clay, gray, stiff	214	273
Sand w/ breaks clay, green	273	280
Sand & clay	302	332
Clay w/ hard sdy stks	332	349
Hard rock, limestone	349	349 1/2

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.



Landowner Name: SANDY MEADERS

Walter Johnson
 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 #: B-107
 Elevation: _____

County: JONES
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date completed: 10-29-07

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>SANDY MEADOWS</u>	Latitude: <u>314539</u> Longitude: <u>890907</u>
Mailing Address: <u>RENT ALL OF LAUREL</u> <u>1518 SLASH DAIRY RD,</u> <u>LAUREL MS 39440</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE SE NW 1/4 SE 1/4 Sec 12 Twn 9N Rng 12W</u>
Telephone No. <u>601 425-3856</u>	Distance Direction Nearest Town <u>±3</u> Miles <u>N</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>1 1/2</u>
Date Pump Installed: <u>10-30-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</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>52</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.

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

Wilbur Baughman
 Signature of Pump Installer

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