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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 #:	<u>C-205</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Jones</u>
Permit #:	_____
Driller:	<u>M. Baughman</u>
Date drilling completed:	<u>3-23-05</u>

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>Bill Sanderson</u>	Latitude:	<u>31° 44' 02" 046</u> Longitude: <u>87° 08' 38" 642</u>
Mailing Address:	<u>3501 Old Bay Springs Rd.</u>	Method of Lat/Long (circle one):	Conventional Survey
	<u>Laurel Ms. 39441</u>	USGS quad:	<u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code			<u>SW 1/4 NW 1/4 Sec 19 Twn 9N Rng 11W</u>
Telephone No.:	<u>(601) 428-7212</u>	Distance	Direction Nearest Town
		<u>0</u> Miles	<u>N</u> of <u>Laurel</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>3-15-05</u>	Date well drilling completed: <u>3-23-05</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>184'</u> feet above or below (circle one) land surface Date measured: <u>3-22-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>340'</u> Well depth: <u>334'</u> Well grouted to a depth of <u>13'</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>303</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Galv. steel</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Stainless steel</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>303</u> feet to <u>333</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): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>DEQ</u>	

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 587
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

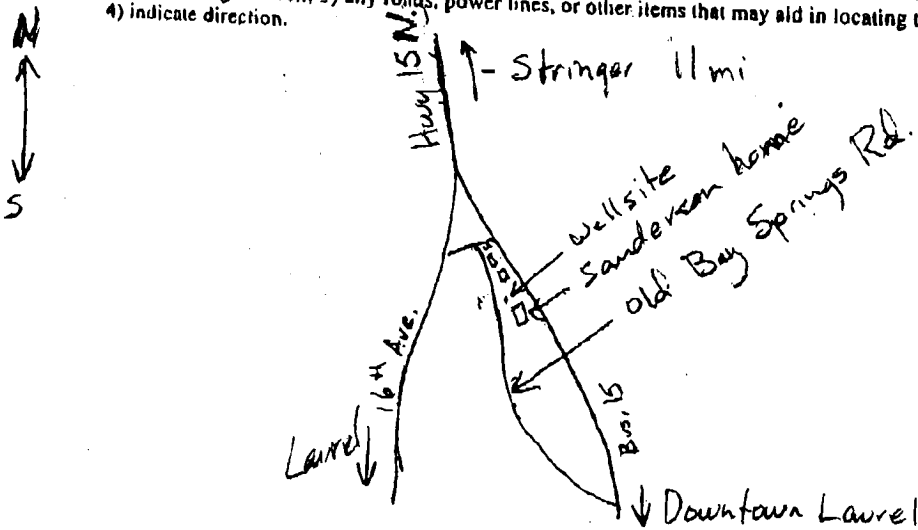
Ground Level

C-205

Description of Formations Encountered	From	To
Tan clay	0	18
Sand	18	20
Tan clay	20	34
Gray clay	34	79
Sand	79	91
Sandy clay	91	100
Sand, coarse	100	152
Clay, gray	152	169
Sand	169	174
Clay, gray	174	189
Sand w/ clay breaks	189	208
Clay, gray-green	208	247
Sand - clay mixed	247	253
Clay, gray-green	253	271
Sand	271	333
Clay	333	334
Sandy clay	334	336
Clay	336	340

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: Bill Sanderson

Mike Lough
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-205

Elevation: _____

County: Jones
 Permit #: _____
 Driller: M. Baughman
 Date completed: _____

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>Bill Sanderson</u>	Latitude: <u>31° 49.046'</u> Longitude: <u>89° 08.642'</u>
Mailing Address: <u>3501 Old Bay Springs Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Laurel, Ms. 39441</u>	USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 19 Twn 9N Rng 11W</u>
Telephone No. (<u>601</u>) <u>428-7212</u>	Distance Direction Nearest Town
	<u>0</u> Miles <u>N</u> of <u>Laurel</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>3-23-05</u>	Setting Depth: <u>253</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>184</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 587
 Print Name of Pump Installer and License No. (if applicable)

Mike Baughman
 Signature of Pump Installer

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