

CO. JONES  
Permit #: \_\_\_\_\_  
Driller: JR PARKER  
Date drilling completed: \_\_\_\_\_

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)

Aquifer: \_\_\_\_\_  
Well #: C-210  
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>EDDIE BRAZER</u>	Latitude: <u>31° 48' 24" N</u> Longitude: <u>89° 07' 11" W</u>
Mailing Address: <u>LAUREL MS.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>LAUREL MS</u> City State Zip Code	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>29</u> Twn <u>10 N</u> Rng <u>11 W</u>
Telephone No. <u>(601) 649-2088</u>	Distance <u>6</u> Miles Direction <u>NORTH</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: OCT. 10 - 06 Date well drilling completed: OCT 14 - 06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 100 feet above or below (circle one) land surface Date measured: OCT 13 - 06  
Method of Measurement (circle one)  steel tape electric tape  air line other: \_\_\_\_\_  
Hole depth: 270' Well depth: 255' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite  Mix  
Casing length: 235 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: 008 inches Setting depth: From 235 feet to 255 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): STATE

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.  
Print Name of Water Well Contractor and License No. JOHN R PARKER  
Signature of Water Well Contractor: John R Parker

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BY: OLWR

Ground Level

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Description of Formations Encountered From To

Description of Formations Encountered	From	To
SAND & CLAY	0	10
CLAY	60	155
SAND & CLAY	155	220
CLAY	225	225
SAND	225	255
CLAY	255	270

C-210

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: \_\_\_\_\_

Johnny R Parker  
Signature of Water Well Contractor

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BY: OLWR

# 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)

County: JONES  
 Permit #: \_\_\_\_\_  
 Driller: JR-PARKER  
 Date completed: OCT-14-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-210  
 Elevation: \_\_\_\_\_

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>Eddie BRAZER</u>	Latitude: <u>31°48'24" N</u> Longitude: <u>90°7'11" W</u>
Mailing Address: <u>LAUREL MS</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>LAUREL MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 29 Twn 10 Rng 11 W</u>
Telephone No. <u>(601) 649-2088</u>	Distance Direction Nearest Town
	<u>6 Miles NORTH of LAUREL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>OCT-13-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>OCT-14-06</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> <b>RECEIVED</b>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>BY: OLWR</u>
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>40</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

John R. PARKER John R. Parker  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer