

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 #: C-223
 L. S. Elevation: _____
 E-log #: _____

County: Jones
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date drilling completed: 11-13-07

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>LAUREL CITY SCHOOLS</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>P.O. Box 288</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>LAUREL MS 39441</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 31 Twn 9N Rng 11W</u>
Telephone No. <u>(601) 649-6391</u>	Distance Direction Nearest Town
	_____ Miles <u>IN</u> of <u>LAUREL</u>

Well Data

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

Date well drilling started: 11-05-07 Date well drilling completed: 11-13-07

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

Static Water Level: 123' feet above or below (circle one) land surface Date measured: 11-29-07

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

Hole depth: 237' Well depth: 234' Well grouted to a depth of 13 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 216 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 214 feet to 234 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): _____

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.

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

[Signature]
 Signature of Water Well Contractor

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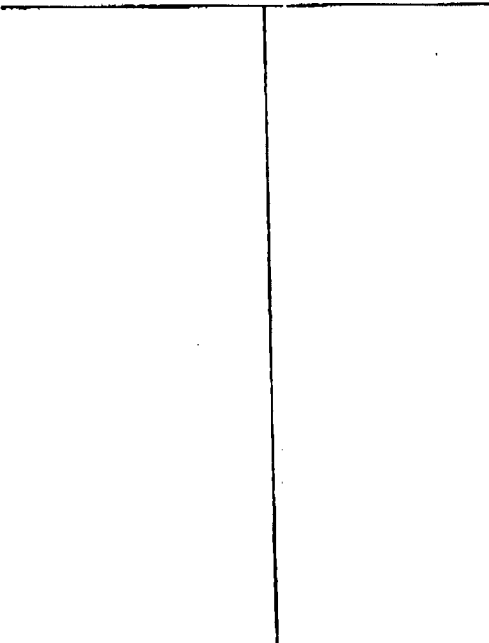
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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top soil	0	1
Sand	1	2
Clay, yellow	2	9
Clay, tan	9	52
Sand	52	65
Sand & clay streaks	65	75
Clay, orange	75	88
Sand	88	91
Clay, tan	91	101
Clay	101	101 1/2
Clay, light gray-green	101 1/2	150
Sand and clay mixed	150	191
Sand, coarse, tan	191	236
Clay	236	237

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: Laurel City Schools

Michael J. Brown
 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-223

Elevation: _____

County: Jones

Permit #: _____

Driller: A-1 Drilling Serv

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>LAUREL CITY SCHOOLS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 288</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LAUREL MS 39441</u>	NW USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 31 Twn 9N Rng 11W</u>
Telephone No: <u>(601) 649-6391</u>	Distance Direction Nearest Town
	Miles <u>10</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>3</u>
Date Pump Installed: _____	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</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>123</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> 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 0410
Print Name of Pump Installer and License No. (if applicable)

Wilbur Baughman
Signature of Pump Installer

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