

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-227
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 12-19-07

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>Roland Guy</u> | Latitude: <u>31-46-00"</u> Longitude: <u>89-07-00"</u> |
| Mailing Address: <u>823 Trace Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>DOT MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Laurel MS 39443</u> City State Zip Code | <u>NE 1/4 SW 1/4 Sec 5 Twn 9N Rng 11W</u> |
| Telephone No. <u>(601) 649-6867</u> | Distance Direction Nearest Town <u>3.5 Miles N of Laurel</u> |

Well Data

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

Date well drilling started: 12-19-07 Date well drilling completed: 12-19-07

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 12-19-07

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

Hole depth: 66 Well depth: 66 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 56 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .00 inches Setting depth: From 56 feet to 66 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): _____

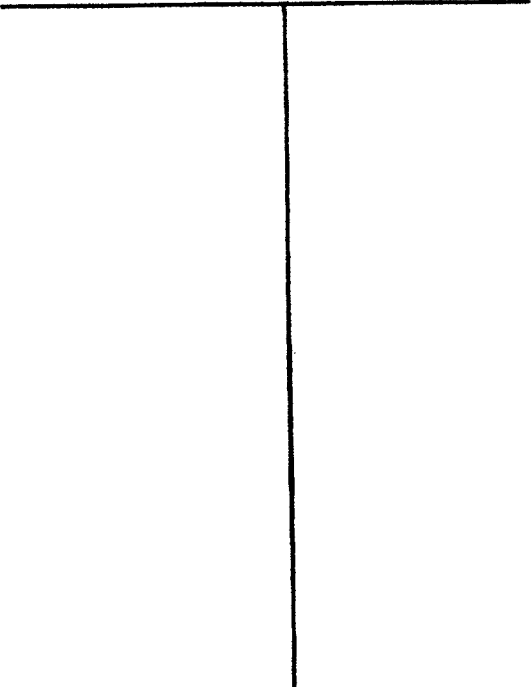
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David A. West 0-672 David A. West
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

C-227

If well telescopes please sketch below and show depths.

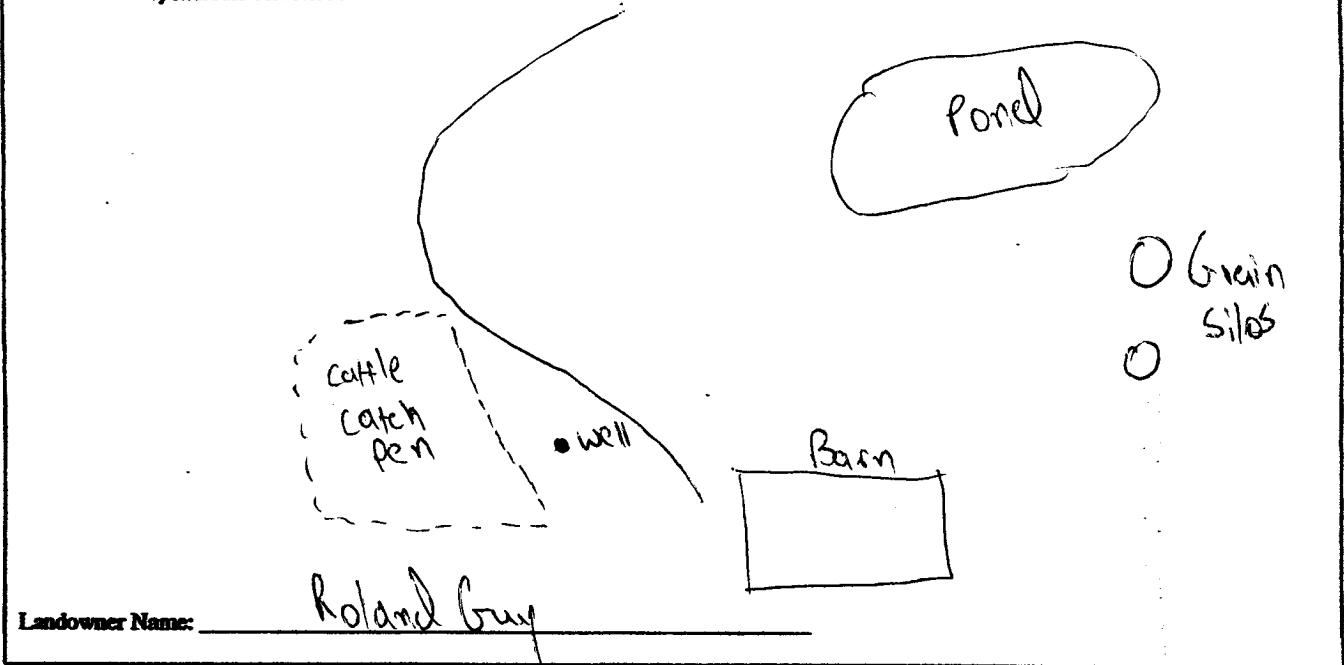
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Clay | 0 | 28 |
| Sandy Clay | 28 | 44 |
| Sand | 44 | 66 |
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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.



David A. Wier
 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 #: C-227

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 12-19-07

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>Roland Guy</u> | Latitude: <u>31°46'</u> Longitude: <u>89°07'</u> |
| Mailing Address: <u>823 Trace Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>DOT MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Laurel</u> <u>MS</u> <u>39443</u> City State Zip Code | <u>NE ¼ SW ¼ Sec 5 Twn 9N Rng 11W</u> |
| Telephone No. (601) <u>649-6867</u> | Distance Direction Nearest Town <u>3.5 Miles N of 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</u> |
| Date Pump Installed: <u>1-3-08</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ 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.

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer