

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)

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 1-9-08

For Office Use Only:
Aquifer: _____
Well #: E-62
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>Tim Parker</u> | Latitude: . . . Longitude: . . . |
| Mailing Address: <u>Willie Hilburn rd</u> <u>Big Creek MS</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>8N</u> Rng <u>13W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>S</u> of <u>Soso</u> |

Well Data

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

Date well drilling started: 1-8-08 Date well drilling completed: 1-9-08

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

Static Water Level: 94 feet above or below (circle one) land surface Date measured: 1-9-08

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

Hole depth: 303 Well depth: 280 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 240 feet to 280 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.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
FEB 11 2008
BY: OLWR

E-

| | | |
|-------------------|-----|-----|
| Clay | 0 | 60 |
| sand + pea gravel | 60 | 130 |
| Clay | 130 | 180 |
| fine sand | 180 | 200 |
| Clay | 200 | 240 |
| fine sand | 240 | 280 |
| limerock & clay | 280 | 303 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

The sketch depicts a property layout. On the left, a road is labeled 'Willie Hillman rd'. An 'office' is shown as a small square with a dot above it, connected to a 'driveway'. A large rectangular area is enclosed by a fence and labeled 'Fence around construction company'. To the right of this fenced area is a 'Pond' represented by an irregular oval. Further right is a 'shop' (square with a dot) and an 'X water well'. A north arrow is drawn in the upper right corner.

Landowner Name: Tim Parker

John W. Thompson
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)

County: Jones
 Permit #: _____
 Driller: John W Thompson
 Date completed: 1-9-08

For Office Use Only:

Aquifer: _____
 Well #: E-62
 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>Tim Parke</u> Mailing Address: <u>Willie Hilburn rd</u> <u>Big Creek MS</u> City _____ State _____ Zip Code _____ Telephone No. () _____ | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>8N</u> Rng <u>13W</u> Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>S</u> of <u>Sosa</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>1-9-08</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute | <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>140</u> feet Number of Stages: _____ |
| <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>1-9-08</u> Static Water Level (A): <u>94</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>30</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>30</u> GPM with a drawdown of <u>6</u> feet after <u>4</u> hours of pumping |

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

John W Thompson 0-679 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 FEB 01 2008
 BY: OLWR