

### State Well Report

#### Part I

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 #: F-102  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv, Inc  
 Date drilling completed: 9-18-08

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

Owner Name: Laurel City Schools  
 Mailing Address: 600 S. 16th Ave  
Laurel Ms. 39440  
 City State Zip Code  
 Telephone No. (601) 647-6392

#### Well Location

Latitude: 31° 40' 95.7" Longitude: 89° 08' 06.2"  
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey  
 USGS quad, Hand-held GPS Survey-grade GPS  
NE 1/4 NE 1/4 Sec. 12 Twn. 8N Rng. 12W  
 Distance Direction Nearest Town  
0 Miles 1N Laurel

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 9-17-08 Date well drilling completed: 9-18-08  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 83' feet above or below (circle one) land surface Date measured: 9-18-08  
 Method of Measurement (circle one) steel tape electric tape air line other: Sonic  
 Hole depth: 205' Well depth: 202 Well grouted to a depth of 11' feet  
 Type of grout (circle one): Concrete Bentonite Mix  
 Casing length: 182 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: Slotted PVC  
 Screen slot size: .006 inches Setting depth: From 182 feet to 202 feet  
 Type of completion (circle all applicable): Gravel packed Undersanded 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.

Mike Baughman 0587  
 Print Name of Water Well Contractor and License No.

[Signature]  
 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: At Drilling Serv. Inc.  
 Date completed: 8-17-09

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: FIC2  
 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>Laurel City Schools</u>	Latitude: <u>31° 40.857'</u> Longitude: <u>89° 08.862'</u>
Mailing Address: <u>600 S. 16<sup>th</sup> Ave.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Laurel</u> <u>Ms.</u> <u>39440</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 12 Twn 9N Rng 12W</u>
Telephone No. <u>(601) 649-6392</u>	Distance Direction Nearest Town
	<u>0 Miles N of 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>8-17-09</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>55</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): <u>83'</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
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 0587 Mike Baughman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer