

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: A-1 Drilling Services
 Date drilling completed: 8-19-11

For Office Use Only:
 Aquifer: _____
 Well #: F107
 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>David Rogers</u>	Latitude: <u>31° 40' 57"</u> Longitude: <u>89° 10' 07"</u>
Mailing Address: <u>20 Pine Lake Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel</u> MS <u>39440</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 2 Twn 4N Rng 11W</u>
Telephone No. () _____	Distance <u>1/4</u> Miles Direction <u>W</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: 8-17-11 Date well drilling completed: 8-19-11

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-19-11

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

Hole depth: 243 Well depth: 238 Well grouted to a depth of 13 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 218 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: 11

Screen slot size: .006 inches Setting depth: From _____ feet to _____ 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: NA 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.

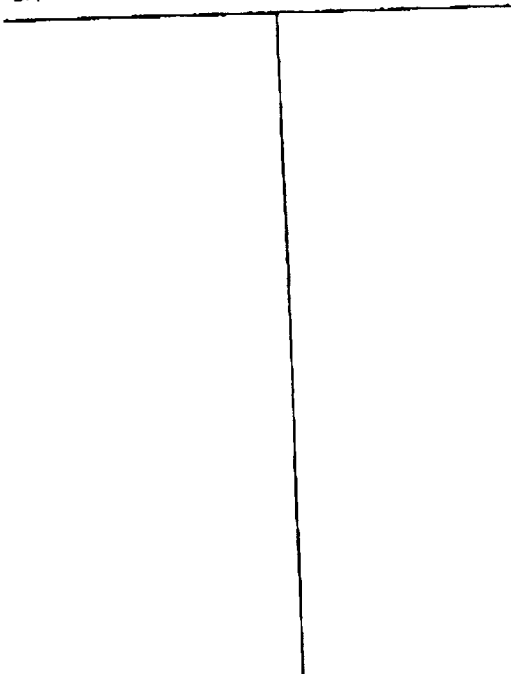
Wilbur T. Boughman 00410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

F107

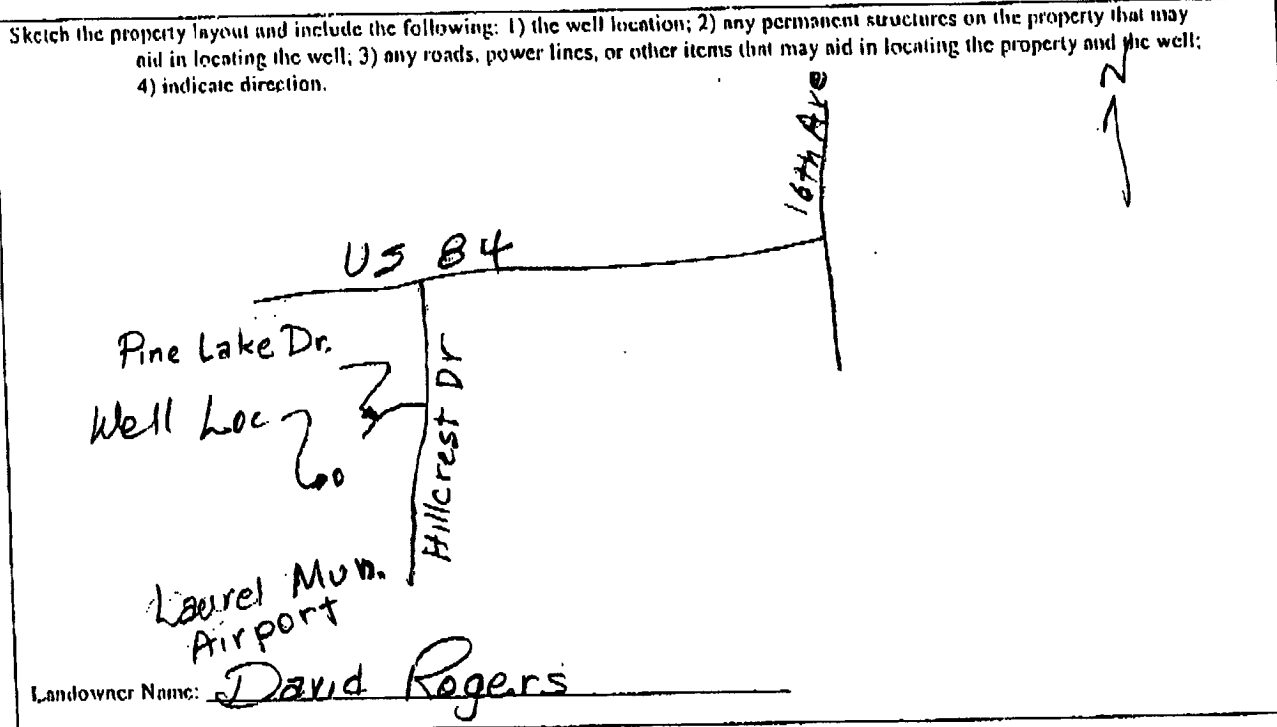
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, sandy, tan	0	25
Sand	25	35
Clay, tan w/ red streaks	35	53
Sand	53	56
Clay, gray	56	163
Clay, sandy	163	169
Clay, gray	169	174
Sand w/ clay breaks	174	195
Sand w/ clatter	195	242
Clay	242	243

If more than one screen, show location of each on sketch



Wilbert Johnson
 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: A-1 Drilling Serv Inc
 Date completed: 8-22-11

For Office Use Only:
 Aquifer: _____
 Well #: F107
 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>David Rogers</u>	Latitude: <u>31-40-57</u> Longitude: <u>89-10-07</u>
Mailing Address: <u>20 Pine Lake Dr</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Laurel MS 39440</u>	USGS quad. Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 2 Twn 4N Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1/4 Miles W 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>5</u>
Date Pump Installed: <u>8-22-11</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</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 Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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 <u>70</u> 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 T. Boughman 00410 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer