

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 #: G-159
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 6-8-07

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>James Andrews</u> | Latitude: <u>31.41.31</u> - Longitude: <u>89.06.53</u> |
| Mailing Address: <u>205 Slaughter Pen Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Laurel</u> MS <u>39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NE 1/4</u> Sec <u>8</u> Twn <u>8N</u> Rng <u>11W</u> |
| Telephone No. <u>(601) 428-5788</u> | Distance Direction Nearest Town <u>1/2</u> Miles <u>SE</u> of <u>Laurel</u> |
| Well Data | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>6-7-07</u> Date well drilling completed: <u>6-8-07</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: _____ feet above or below (circle one) land surface Date measured: <u>6-8-07</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Hole depth: <u>160'</u> Well depth: <u>160'</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>150</u> feet to <u>160</u> feet | |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> | |
| 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): <u>No log run</u> 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. | |
| <u>David A. West</u> <u>0-672</u> | <u>David A. West</u> |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor |

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If well telescopes please sketch below and show depths.

G-159

Ground Level

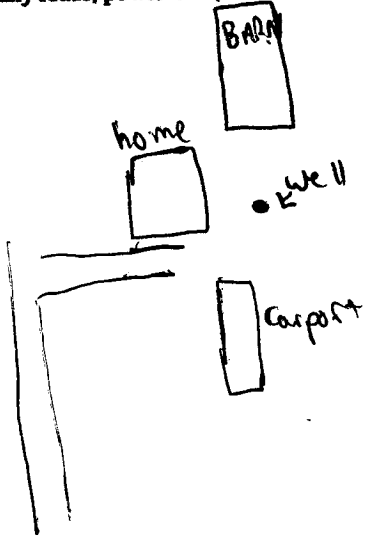
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Sandy | 0 | 6 |
| Sand | 6 | 15 |
| Clay | 15 | 30 |
| Sandy clay | 30 | 88 |
| Hard clay | 88 | 130 |
| Sandy | 130 | 144 |
| Sand | 144 | 160 |
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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.



Landowner Name: James Andrews

David A. Witt
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 #: G-159

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 6-8-07

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>James Andrews</u> | Latitude: <u>31°41'</u> Longitude: <u>89°06'</u> |
| Mailing Address: <u>205 Slaughter Pen Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Laurel</u> <u>MS</u> <u>39443</u> | USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 8 Twn 8N Rng 11W</u> |
| Telephone No. <u>(601) 428-5788</u> | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>SE</u> of <u>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: _____ |
| Date Pump Installed: <u>6-8-07</u> | Setting Depth: <u>90</u> feet |
| Rated Pump Capacity: <u>10</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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| 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 0-1672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer

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