

### 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-162  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv.  
 Date drilling completed: 1-19-08

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	Well Location
Owner Name: <u>William E. Wallace</u>	Latitude: <u>31° 41' 71.42"</u> Longitude: <u>89° 07' 62.37"</u>
Mailing Address: <u>P.O. Box 1031</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Laurel</u> <u>Ms.</u> <u>39440</u>	USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec. <u>5</u> Twn <u>8 N</u> Rng <u>11 W</u>
Telephone No. <u>(601) 428-4334</u>	Distance Direction Nearest Town <u>—</u> Miles <u>—</u> of <u>Laurel</u>

#### Well Data

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

Date well drilling started: 1-14-08 Date well drilling completed: 1-19-08

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

Static Water Level: 156' feet above or below (circle one) land surface Date measured: 1-18-08

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

Hole depth: 341 Well depth: 340 Well grouted to a depth of 14 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 4 inches Type of casing: Galv. T+C

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Bar-weld SS

Screen slot size: 1.005 inches Setting depth: From 310 feet to 320 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.

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

Mike Baughman  
 Signature of Water Well Contractor

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A-1 DRILLING SERVICE

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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-162  
 Elevation: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

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>William Wallace</u>	Latitude: <u>31° 41.711'</u> Longitude: <u>89° 07.621'</u>
Mailing Address: <u>P.O. Box 39440</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Laurel</u> <u>Ms.</u> <u>39441</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec. <u>5</u> Twn. <u>8N</u> Rng. <u>11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>—</u> Miles <u>—</u> of <u>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>7 1/2</u>
Date Pump Installed: <u>1-25-08</u>	Setting Depth: <u>373'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>156'</u> 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.

Mike Baughman 0587  
 Print Name of Pump Installer and License No. (if applicable)

Mike Baughman  
 Signature of Pump Installer

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JAN 29 2008  
 BY: OLWR