

Well #1

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: H 43
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date drilling completed: 2-17-2011

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>Malcolm Smith</u> | Latitude: <u>31-40-30</u> Longitude: <u>88-57-00</u> |
| Mailing Address: <u>67 Cleve Blackledge Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Laurel MS 39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 26 Twn 9N Rng 10W</u> |
| Telephone No. <u>(601) 428-7687</u> | Distance Direction Nearest Town |
| | <u>8</u> Miles <u>E</u> of <u>Laurel</u> |

Well Data

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

Date well drilling started: 2-17-2011 Date well drilling completed: 2-17-2011

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 2-17-2011

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

Hole depth: 75' Well depth: 75' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 55 feet to 75 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): sand packed

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.

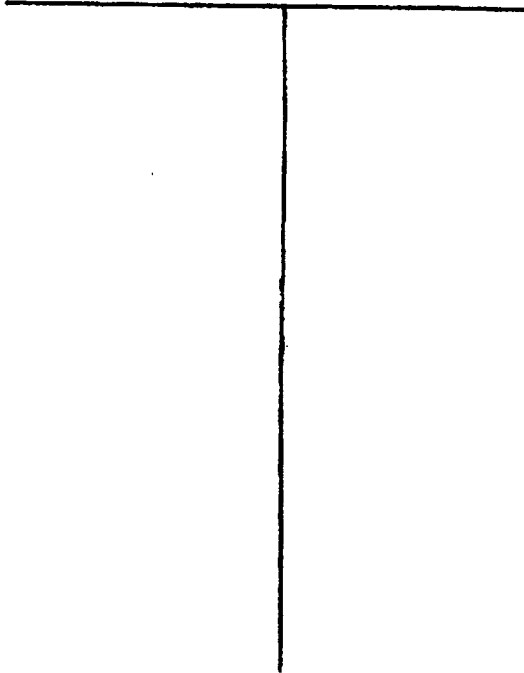
David West 0672 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

well #1

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If well telescopes please sketch below and show depths.

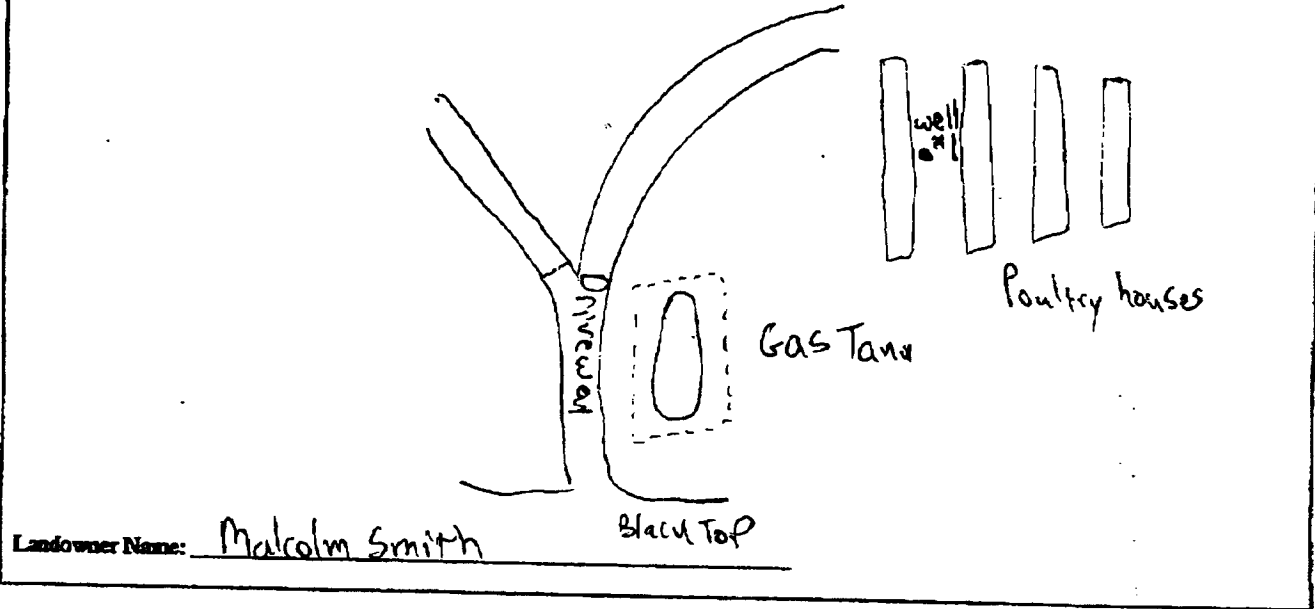
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Sandy Clay | 0 | 7 |
| Clay | 7 | 14 |
| Sand | 14 | 25 |
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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.



[Signature]
 Signature of Water Well Contractor

well #1

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: David West
 Date completed: 2-17-2011

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Malcolm Smith</u> | Latitude: <u>31° 40' 30"</u> Longitude: <u>88° 57' 00"</u> |
| Mailing Address: <u>67 Cleve Bledsoe Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Laurel MS 39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 36 Twn 9N Rng 10W</u> |
| Telephone No. <u>601-428-7687</u> | Distance Direction Nearest Town |
| | <u>2 Miles E 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</u> |
| Date Pump Installed: <u>2-17-2011</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>50</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 _____ 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.

David West 07672 David West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer