

Permit #: JONES CO. 2
Driller: JR Parker
Date drilling completed: 12-16-06

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)

Aquifer: _____
Well #: J-120
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>TONY DAVIS</u>		Latitude: <u>31° 31' 26"</u>	Longitude: <u>89° 20' 28"</u>
Mailing Address: <u>130 WATKINS RD</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>MOSELLE MS 39459</u> City State Zip Code		1/4 Sec <u>31</u>	Twn <u>7N</u> Rng <u>13W</u>
Telephone No. <u>601 752-2430</u>		Distance <u>5</u> Miles	Direction <u>WEST</u> of Nearest Town <u>MOSELLE</u>

Well Data

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

Date well drilling started: 12-12-06 Date well drilling completed: 12-20-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 12-19-06

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

Hole depth: 310 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 1" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 260 feet to 280 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): STATC

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.

John R. Parker
Print Name of Water Well Contractor and License No.

John R. Parker
Signature of Water Well Contractor

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BY: OLWA

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 #: 2
 Driller: JR Parker
 Date completed: 12-20-06

For Office Use Only:

Aquifer: _____
 Well #: J-120
 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>TONY DAVIS</u>	Latitude: <u>313126</u> Longitude: <u>892028</u>
Mailing Address: <u>130 WATKINS Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MOSELLE MS 39459</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. <u>(601) 752-2430</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>WEST</u> of <u>MOSELLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>12-19-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-19-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>140</u> 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): <u>10</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOHNNY R PARKER Johnny R Parker
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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