

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: J153
 Well #: _____
 E. S. Elevation: _____
 E-log #: _____

County: JONES
 Permit #: _____
 Driller: David West
 Date drilling completed: 1-3-2011

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>Marion Trigg</u>	Latitude: <u>31-32-08</u> Longitude: <u>89-24-50</u> ²³
Mailing Address: <u>102 Daughtry Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seminary MS 39479</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>606 433-0168</u>	<u>SW 1/4 NW 1/4 Sec 34 Twn 7N Rng 14W</u>
	Distance <u>7</u> Miles <u>E-SE</u> Direction of <u>Seminary</u> Nearest Town

Well Data

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

Date well drilling started: 1-3-2011 Date well drilling completed: 1-3-2011

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 1-3-2011

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

Hole depth: 142' Well depth: 142' Well grouted to a depth of 70 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 132 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.010 inches Setting depth: From 132 feet to 142 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.

David West 0-672
 Print Name of Water Well Contractor and License No.

David West
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

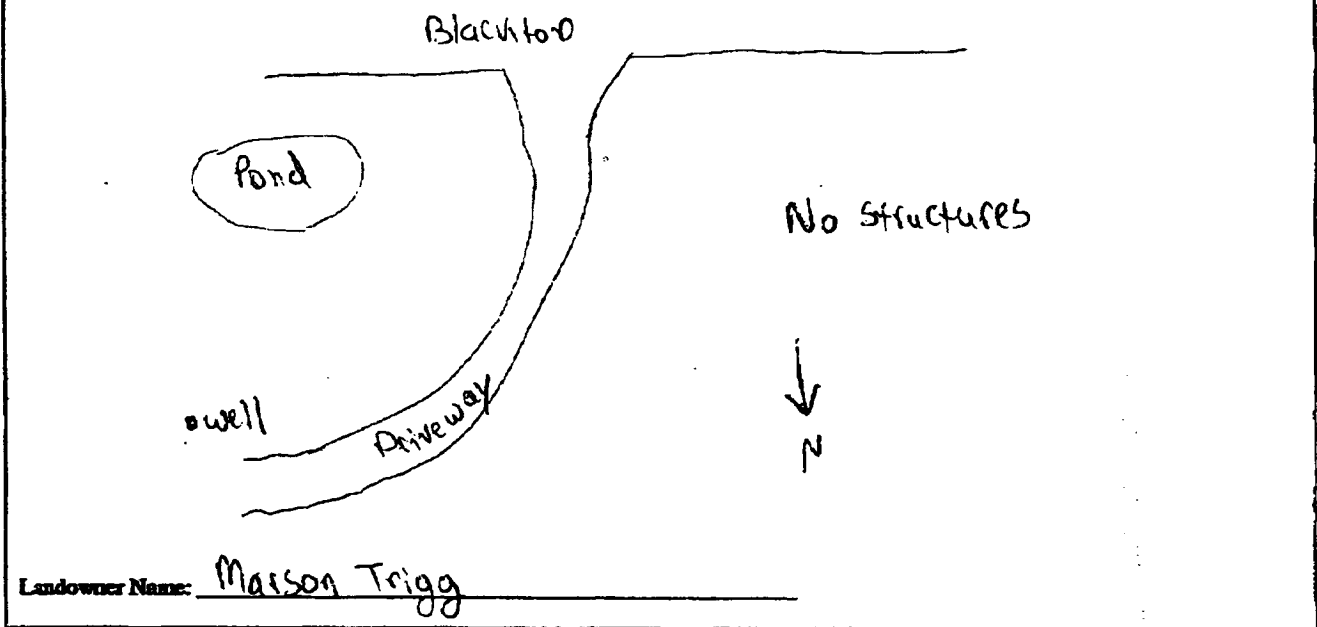
3153

Ground Level

Description of Formations Encountered	From	To
Top soil	0	1
CLAY & CORAUEL MIX	1	18
CLAY	18	121
SAND	121	192

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: Marrison Trigg

[Signature]
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)961-3210
 (601)354-6938 (fax)

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 1-3-2011

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>Manson Trigg</u> Mailing Address: <u>102 Daughtry Rd</u> <u>Seminary MS 39479</u> City State Zip Code Telephone No. <u>601 433-0168</u>	Latitude: <u>31°32'</u> Longitude: <u>89°24'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW ¼ NW ¼ Sec. 34 Twn 7N Rng 14W</u> Distance Direction Nearest Town <u>7 Miles E-SE of Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-3-2011</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>120'</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

David West 0-672 David West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer