

### 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)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 6-8-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J160  
 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>David Atwood</u>          | Latitude: <u>31° 36' 00"</u> Longitude: <u>89° 24' 00"</u>                         |
| Mailing Address: <u>21 Atwood Ext.</u>   | <u>35 47</u> <u>23 55</u><br>Method of Lat/Long (circle one): Conventional Survey. |
| <u>Ellisville</u> <u>MS</u> <u>39437</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>     |
| City State Zip Code                      | <u>SW</u> <u>SW</u> <u>Sec 3</u> <u>Twn 7N</u> <u>Rng 14W</u>                      |
| Telephone No. <u>(601) 580-1266</u>      | Distance Direction Nearest Town<br><u>10</u> Miles <u>W</u> of <u>Ellisville</u>   |

**Well Data**

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

Date well drilling started: 6-8-12 Date well drilling completed: 6-8-12

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

Static Water Level: 161 feet above of below (circle one) land surface Date measured: 6-8-12

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 220 feet to 240 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.

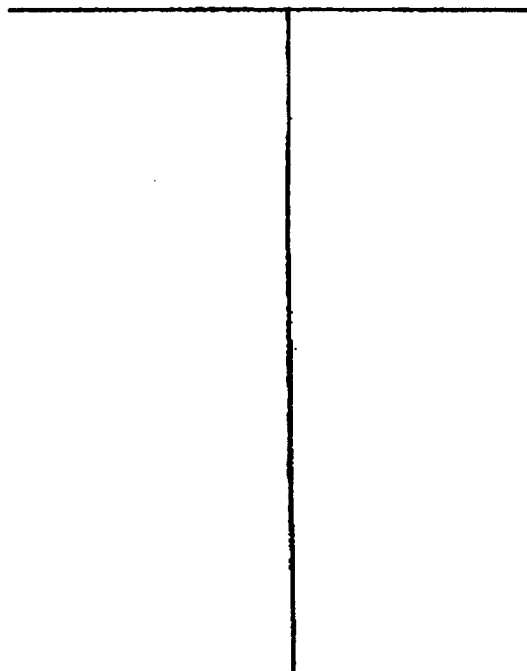
David A. West 0-672  
Print Name of Water Well Contractor and License No.

David West  
Signature of Water Well Contractor

J160

If well telescopes please sketch below and show depths.

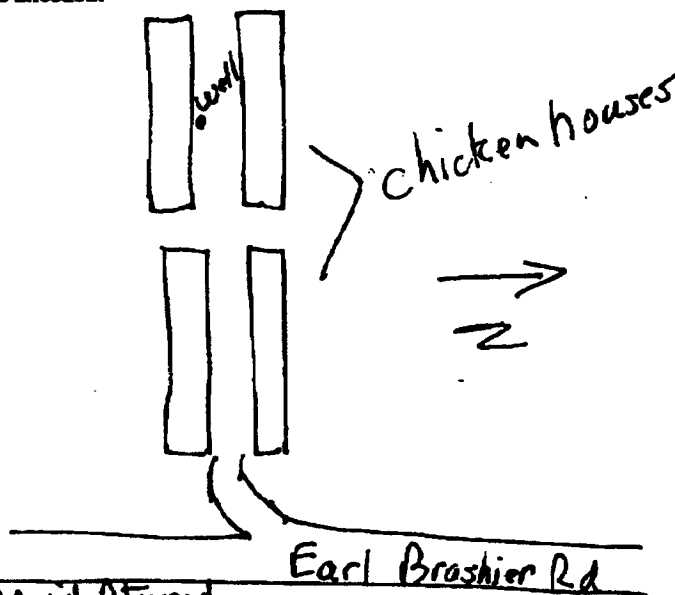
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| RED SANDY CLAY                        | 0    | 18  |
| SILTY SAND                            | 18   | 67  |
| Hard red + gray clay                  | 67   | 191 |
| COARSE SAND                           | 191  | 240 |
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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: David Atwood

Earl Brashier Rd

David Atwood  
 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)961-5210  
 (601)354-6938 (fax)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 6-8-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J160  
 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>David Atwood</u>       | Latitude: <u>31°36'00"</u> Longitude: <u>89°24'00"</u>      |
| Mailing Address: <u>21 Atwood Est</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Ellisville MS 39437</u>            | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                   | <u>SW ¼ SW ¼ Sec 3 Twn 7N Rng 14W</u>                       |
| Telephone No. <u>(601) 580-1266</u>   | Distance Direction Nearest Town                             |
|                                       | <u>10 Miles W of Ellisville</u>                             |

| Pump Type<br>Circle one                           | Motor Type<br>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>3</u>     |
| Date Pump Installed: <u>6-8-12</u>                | Setting Depth: <u>200</u> feet            |
| Rated Pump Capacity: <u>30</u> Gallons Per Minute | Number of Stages: _____                   |

| Pump Test Data   | Method of Measuring Water Level<br>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 A West 0-672 David A. West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer