

State Well Report

Part I

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 #: L-71
 L. S. Elevation: _____
 E-log #: _____

County: JONES
 Permit #: _____
 Driller: David West
 Date drilling completed: 8-25-08

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>Sean Sumrall</u>	Latitude: <u>31-35.06</u> " Longitude: <u>89-04-00</u> "
Mailing Address: <u>P.O. Box 4190</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>26</u>
<u>Laurel</u> <u>MS</u> <u>39441</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 2</u> Twn <u>7N</u> Rng <u>11W</u>
Telephone No. (local) <u>649-4490</u>	Distance <u>7</u> Miles <u>S-SE</u> Direction of <u>Laurel</u> Nearest Town

Well Data

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

Date well drilling started: 8-25-08 Date well drilling completed: 8-25-08

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

Static Water Level: 74 feet above of below (circle one) land surface Date measured: 8-25-08

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

Hole depth: 176 Well depth: 176 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 156 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 156 feet to 176 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 David West
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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WEST WATER WELL DRILLING

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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)

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 8-25-08

For Office Use Only:
 Aquifer: _____
 Well #: L-71
 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
 Owner Name: Sean Sumrall
 Mailing Address: P.O. Box 4190
Laurel MS 39441
 City State Zip Code
 Telephone No. (601) 649-4490

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec _____ Twp _____ Rng
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-25-08
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 120 feet
 Number of Stages: _____

Pump Test Data
 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

Method of Measuring Water Level
 Circle one
 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
Print Name of Pump Installer and License No. (if applicable)

David West
Signature of Pump Installer