

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: _____
 Well #: K 34
 L. S. Elevation: _____
 E-log #: _____

County: Kemper 062
 Permit #: _____
 Driller: _____
 Date drilling completed: 8-12-04

RECEIVED

SEP 10 2004

BY: OLWR

Allen and Willis Drilling, LLC
 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>Joe Wright</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 93</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey grade GPS
<u>Dainsville al 35464</u>	<u>11N 13E</u> <u>1/4 1/4 Sec 1 Twn 12N Rng R4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>6</u> Miles <u>EAS1</u> of <u>Sauls, Ms.</u>

Well Data

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

Date well drilling started: 8/4/04 Date well drilling completed: 8/12/04

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 8/12/04

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

Hole depth: 800 Well depth: 800 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 20/16 inches Setting depth: From 720 feet to 800 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: 680 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: _____

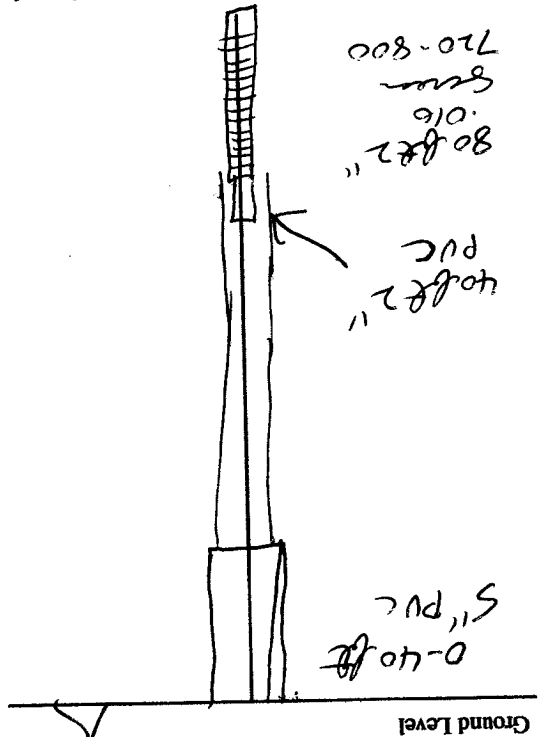
Name of organization running log(s): _____

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.

Thomas B. Willis 0627
 Print Name of Water Well Contractor and License No.

Thomas B. Willis
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



If more than one screen, show location of each on sketch

Description of Formations Encountered		
From	To	
0	18	Red Clay
18	205	Granite
205	800	Carson Sand

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: Joe Wright

Signature of Water Well Contractor
Thomas B. Wool

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: KEMPER
 Permit #: _____
 Driller: _____
 Date completed: 8-12-04

For Office Use Only:

Aquifer: _____
 Well #: K 34
 Elevation: _____

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This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

SEP 10 2004

Well Owner Information	Well Location
Owner Name: <u>Joe Wright</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 93</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Dansville, MS 35464</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1</u> <u>22N</u> <u>R4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>East</u> of <u>Scully</u>

BY: OLWR

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>8/12/04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/12/04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>Pump Hit water @ 75 ft</u>
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.

J.B. Willis (Applied For) #0627 Thomas B. Willis
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer