

### 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: LAMAR  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING  
 Date drilling completed: 11-29-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: D-142  
 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>JOHN M. SIMS (#2)</u>          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>500 CENTRAL AVE</u>       | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>LAUREL MS 39440</u><br>City State Zip Code | <u>N/2 SE 1/4 NE 1/4 Sec 9 Twn 4N Rng 15W</u>   |
| Telephone No. <u>(601) 649-9294</u>           | Distance <u>1 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>SUMBALL</u>                       |

**Well Data**

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

Date well drilling started: 11-28-05 Date well drilling completed: 11-29-05

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

Static Water Level: 59 feet above or below (circle one) land surface Date measured: 11-29-05

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

Hole depth: 103 Well depth: 101 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 006 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: NA 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.

A-1 DRILLING SER, INC 0410  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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DEC 07 2005

BY: OLWR



### 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: LANAS  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING  
 Date completed: 12-2-05

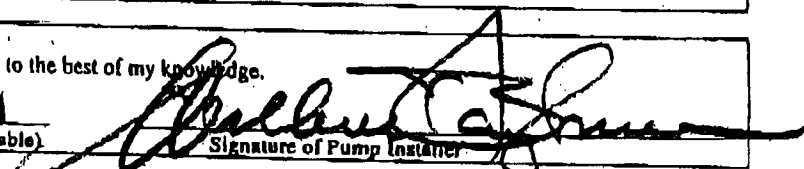
For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-142  
 Elevation: \_\_\_\_\_

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>JOHN M. SIMS (#2)</u>    | Latitude: _____ Longitude: _____                      |
| Mailing Address: <u>500 CENTRAL AVE</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>LAUREL MS 39440</u>                  | USGS quad, Hand-held GPS, Survey-grade GPS            |
| City State Zip Code                     | <u>N/2 SE 1/4 NE 1/4 Sec 9 Twn 4N Rng 15W</u>         |
| Telephone No. <u>(601)649-9294</u>      | Distance Direction Nearest Town                       |
|   | <u>± 5 1/2 Miles S of JOURNAL</u>                     |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5</u>                                   |
| Date Pump Installed: <u>12-2-05</u>                              | Setting Depth: <u>80</u> feet   |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute                | Number of Stages: <u>15</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                       |
|--|---|
| Date Well Tested: <u>NA</u>                                | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>59</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>NA</u> feet                             |
| Drawdown ((B) - (A)): <u>NA</u> Feet Below Land Surface    | Well yielded <u>NA</u> GPM with a drawdown of                                       |
| Test Pumping Rate: <u>-</u> Gallons Per Minute             | <u>NA</u> feet after <u>NA</u> hours of pumping                                     |
| Duration of Pump Test (minimum: 4 hours): <u>-</u> hours   |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
WILBERT T. BAUGHMAN  
 Print Name of Pump Installer and License No. (if applicable)  
  
 Signature of Pump Installer

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 DEC 07 2005  
 BY: OLWR