

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 #: D-96
L. S. Elevation: _____
E-log #: _____

County: Pearl River
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 6-14-06

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>Karl Arceneaux</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>78 Horseshoe Bend Rd Lumberton, MS 39455</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>14W</u> Rng <u>1S</u> |
| Telephone No. <u>606 796-8238</u> | Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Lumberton</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-14-06 Date well drilling completed: 6-14-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 50 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 90 FT Well depth: 90 FT Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 80 feet to 90 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.

JAMES WELLS 0-586
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level _____

This area is reserved for a hand-drawn sketch of the property layout, including the well location, permanent structures, roads, power lines, and directions.

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Gravel | 0 | 2 |
| Clay | 2 | 30 |
| Sand | 30 | 90 |
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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: Karl Arceneaux

James Wells
Signature of Water Well Contractor

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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: Berard River
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-14-06

For Office Use Only:

Aquifer: _____
 Well #: D-96
 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>Karl Arceneaux</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>78 Howeshoe Bend Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Lumberton, MS 39455</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>1/4</u> _____ <u>1/4</u> Sec <u>29</u> Twn <u>14W</u> Rng <u>S1</u> |
| Telephone No. <u>601 796-8238</u> | Distance _____ Direction _____ Nearest Town _____ |
| | <u>6</u> Miles <u>SE</u> of <u>Lumberton</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): <u>Casing ONLY</u> | Horse Power Rating of Motor: _____ |
| Date Pump Installed: _____ | Setting Depth: _____ feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>6-14-06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 10 2006
 BY: OLWR