

### 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 #: B-91  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv  
 Date drilling completed: 10-25-06

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>Jeremy Edwards</u>	Latitude: <u>N31° 24.636'</u> Longitude: <u>W88° 57.730'</u>
Mailing Address: <u>59 Good Hope Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton</u> <u>Ms.</u> <u>39476</u>	<u>NE 1/4 SE 1/4 Sec 11</u> Twn. <u>6N</u> Rng. <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 776 2554</u>	<u>4 1/2</u> Miles <u>N</u> of <u>Richton</u>

**Well Data**

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

Date well drilling started: 10-23-06 Date well drilling completed: 10-25-06

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

Static Water Level: 72' feet above or below (circle one) land surface Date measured: 10-25-06

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

Hole depth: 190' Well depth: 182' Well grouted to a depth of 13' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 178 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 35' feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 170 feet to 182 feet

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

Other (describe): Well plugged & abandoned

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.

Mike Baughman 0587  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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A-1 DRILLING SERVICE

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If well telescopes please sketch below and show depths.

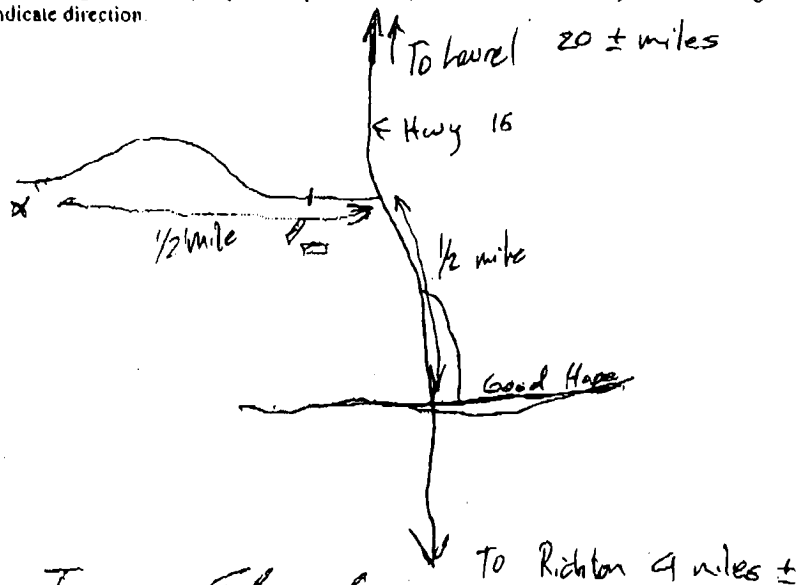
Ground Level



Description of Formations Encountered	From	To
Orange sandy clay	0	9
Orange & Pink clay	9	15
Pink clay soft & sticky	15	21
Sandy silty clay	21	29
Clay	29	102
Sand: some pea gravel	102	180
Clay	180	177
Sand + pea gravel	177	182
Clay white	182	188
Sand	188	189
Clay white	189	190

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: Jeremy Edwards

*[Handwritten Signature]*  
 Signature of Water Well Contractor

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#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-82  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: M. Baughman  
 Date drilling completed: 11-21-06

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>Jeffrey Smith</u>	Latitude: <u>31° 41.548'</u> Longitude: <u>088° 51' 09"</u>
Mailing Address: <u>839 Strengthford-Coeley Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Waynesboro Ms. 39367</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SE 1/4 Sec 11 Twn BN Rng 9W</u>
Telephone No. <u>(601) 410-1313</u>	Distance: <u>1.5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Whistler</u>

#### Well Data

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

Date well drilling started: 11-06-06 Date well drilling completed: 11-21-06

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

Static Water Level: 43' feet above or below (circle one) land surface Date measured: 11-21-06

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

Hole depth: 236' Well depth: 234' Well grouted to a depth of 55 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 215 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 214 feet to 234 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.

Mike Baughman 0587  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

L-82

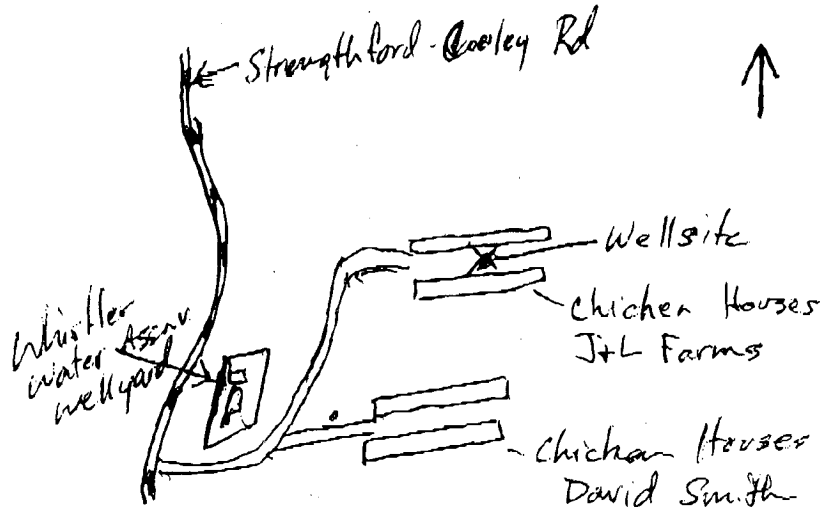
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
Tan white clay	0	17
Rock ledge	17	
Clay Light gray	17	52
Rock	52	59
hard clay, gray	59	121
Sandy silt	121	129
Clay gray	129	161
Silty clay mixed	161	169
Sand	169	199
Sandy clay silt	199	200
clay	200	205
sand	205	225
clay break	225	236
Sand	226	234
Clay	234	236

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: Jeffrey Smith

  
 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-82  
 Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: M. Baughman  
 Date completed: 11-21-06

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>Jeffrey Smith</u>	Latitude: <u>31° 41.548'</u> Longitude: <u>088° 51.849'</u>
Mailing Address: <u>839 Stoughton Road - Cooley Rd.</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Waynesboro, Ms. 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 11 Twn 8N Rng 9W</u>
Telephone No. <u>(601) 910-1313</u>	Distance Direction Nearest Town
	<u>± 5 Miles W of Whistler</u>

Pump Type Circle one	Power Type 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>2</u>
Date Pump Installed: <u>11-21-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>43'</u> 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.

Mike Baughman 0587  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer