

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-92
 L. S. Elevation: _____
 E-log #: _____

County: PERRY
 Permit #: MS-GW-16375
 Driller: _____
 Date drilling completed: _____

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>A-1 SEALING, INC</u>	Latitude: <u>31.24.38"</u> Longitude: <u>88.57.46"</u>
Mailing Address: <u>P.O. Box 1670</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>RIGHTON</u> <u>MS</u> <u>39476</u>	<u>NE, 1/4</u> <u>USGS Quad</u> : <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>11</u> Twn <u>5N</u> Rng <u>10W</u>
Telephone No. <u>(601) 788-2362</u>	Distance <u>1.572</u> Miles Direction <u>N</u> of Nearest Town <u>RIGHTON</u>

Well Data

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

Date well drilling started: 4-2-07 Date well drilling completed: 5-7-07

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

Static Water Level: 129 feet above or below (circle one) land surface Date measured: 5-7-07

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

Hole depth: 501' Well depth: 500' Well grouted to a depth of 14 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 450 feet Casing diameter: 6 inches Type of casing: GALV. ST.

Screen length: 51' feet Screen diameter: 6 inches Type of screen: BAR-WELD SST

Screen slot size: 1006 inches Setting depth: From 449 feet to 500 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: 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): OFFICE OF GEOLOGY

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.

Wilbur T. Baughman 0410 _____
 Print Name of Water Well Contractor and License No. 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)

County: PERRY
 Permit #: MS-GW-16375
 Driller: A-1 DRILLING SER
 Date completed: 8-24-07

For Office Use Only:
 Aquifer: _____
 Well #: BC12
 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>A-1 SEALING, INC.</u>	Latitude: <u>31 24 38 N</u> Longitude: <u>88 57 46 W</u>
Mailing Address: <u>P.O. Box 1670</u>	Method of Lat/Long (circle one): Conventional Survey, <u>NE, NGS quad, Hand-held GPS, Survey-grade GPS</u>
<u>RIGHTON MS</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 11 Twn 5N Rng 10W</u>
Telephone No. <u>(601) 788-2362</u>	Distance Direction Nearest Town <u>± 5 1/2 Miles N of RIGHTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: _____	Setting Depth: <u>212</u> feet
Rated Pump Capacity: <u>230</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-24-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>129</u> Feet <u>Below</u> 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: <u>245</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREDY CERTIFY that the above statements are true to the best of my knowledge.
WILBUR T. BOUHAHAN 0410
 Print Name of Pump Installer and License No. (if applicable) Wilbur T. Bouhahan
 Signature of Pump Installer

RECEIVED
 AUG 24 2007
 BY: OLWR