

### 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-50

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Perry  
Permit #: MS-611-16270  
Driller: A-1 Drilling Serv Inc  
Date drilling completed: 6-21-05

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 HENSERLING	Well Location
Owner Name: <u>Van Henslering</u>	Latitude: <u>31° 20' 91"</u> Longitude: <u>89° 06' 15"</u>
Mailing Address: <u>159 Project Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rochester MS 39476</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 4 Twn 4N Rng 11W</u>
Telephone No. ( <u>601 964-3582</u> )	Distance <u>3</u> Miles <u>2</u> Direction of <u>North</u> <u>East</u> <u>West</u> <u>Town</u> <u>Sumner</u>

#### Well Data

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

Date well drilling started: 6-16-05 Date well drilling completed: 6-21-05

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

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 6-21-05

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 41 feet Casing diameter: 12 inches Type of casing: 160 PSI PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: 160 PSI PVC

Screen slot size: .032 inches Setting depth: From 40 feet to 80 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): NA

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.

Wilbur T. Baughman

Signature of Water Well Contractor

07/06/2005 14:30 6014281435

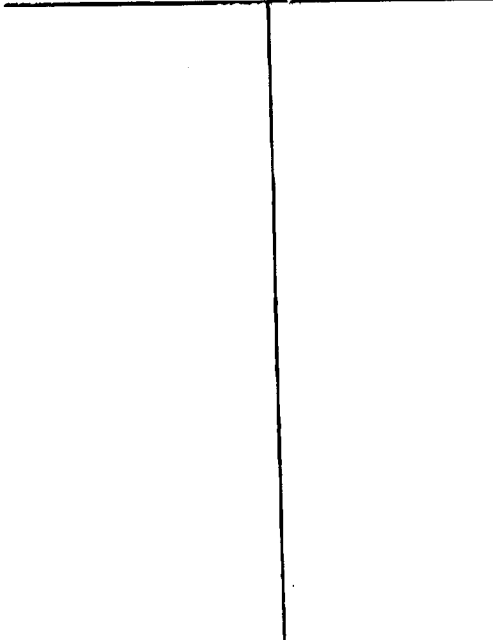
A-1 DRILLING SERVICE

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If well telescopes please sketch below and show depths.

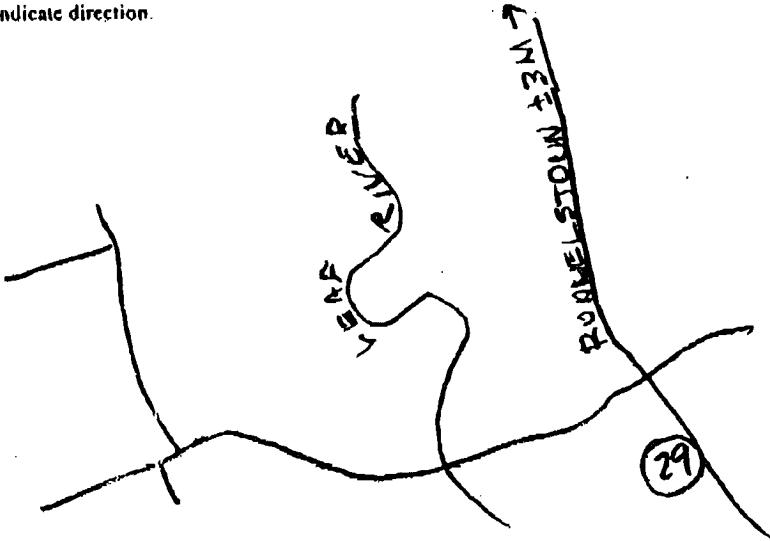
Ground Level



Description of Formations Encountered	From	To
Top soil	0	3
Sand & red clay	3	14
Coarse sand & fine gravel	14	79
Gray clay	79	80

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: Danny Mac Carter

William J. Byrum  
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 #: D-50  
 Elevation: \_\_\_\_\_

County: Pearcy  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Service  
 Date completed: 6-21-05

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>Van Houserling</u>	Latitude: <u>31 20 91</u> Longitude: <u>89 06 15</u>
Mailing Address: <u>159 Prospect Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Reichtor Mo 39476</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 4 Twn 4N Rng 11W</u>
Telephone No. <u>(601) 964-3582</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>S</u> of <u>Rumelstown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine <u>Gasoline Engine</u> Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>6-21-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>700</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>83</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>36</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</u> 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): <u>NA</u> hours	

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

[Signature] 0410  
 Print Name of Pump Installer License No. (if applicable) Signature of Pump Installer