

State Well Report

Part 1

For Office Use Only:

Aquifer: 52
Well #: D-53
L. S. Elevation: _____
E-log #: _____

County: FERRY
Permit #: MS-GW-16402
Driller: A-1 DRILLING SER
Date drilling completed: 5-10-07

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)

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>YAN HENSARLING</u>	Latitude: <u>31.17.24"</u> Longitude: <u>89.3.13"</u>
Mailing Address: <u>159 PROSPECT RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>RIGHTON MS 39476</u>	(USGS quad) Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec. 24 Twn 4N Rng 11W</u>
Telephone No. <u>(601) 964-3582</u>	Distance <u>1.8</u> Miles <u>SW</u> of <u>RIGHTON</u>

Well Data

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

Date well drilling started: 5-10-07 Date well drilling completed: 5-10-07

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

Static Water Level: 92 feet above or below (circle one) land surface Date measured: 5-18-07

Method of Measurement (circle one) steel tape electric tape air line other: STRING & WT.

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 120 feet to 160 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): _____

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]
Signature of Water Well Contractor

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A-1 DRILLING SERVICE

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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)

For Office Use Only:

Aquifer: 52
 Well #: D-53
 Elevation: _____

County: PERRY
 Permit #: MS-GW-16402
 Driller: A-1 DRILLER
 Date completed: 5-18-07

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>YAN HENSARLING</u>	Latitude: <u>31°17'24"</u> Longitude: <u>89°03'13"</u>
Mailing Address: <u>159 PROSPECT RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>RIGHTON MS 39476</u>	<u>NW</u> <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 24 Twn 4 N Rng 13 W</u>
Telephone No. <u>(601) 964-3582</u>	Distance Direction Nearest Town
	<u>± 8</u> Miles <u>NW</u> of <u>RIGHTON</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>60</u>
Date Pump Installed: <u>5-18-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>92</u> Feet <u>Below</u> Land Surface	Other (specify): <u>STRING & WT.</u>
Pumping Water Level (B): <u>12.5</u> Feet <u>Below</u> Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>2.5</u> Feet <u>Below</u> 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.

Wilbur T. Baughman 0410
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Baughman
 Signature of Pump Installer