

State Well Report

Part I

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 #: E-48
 L. S. Elevation: _____
 E-log #: _____

County: Perry
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date drilling completed: 8-7-05

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	Well Location
Owner Name: <u>Joe Donnell</u>	Latitude: <u>31-17.155</u> ^N Longitude: <u>89-00.213</u> ^W
Mailing Address: <u>3 Belle Wood</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hattiesburg, MS 39402</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 28 Twn 4N Rng 10W</u>
Telephone No. <u>(601) 271-8625</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>New Augusta</u>

Well Data

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

Date well drilling started: 7-26-05 Date well drilling completed: 8-7-05

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

Static Water Level: 16' feet above or below (circle one) land surface Date measured: 8-5-05

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

Hole depth: 191 Well depth: 190 Well grouted to a depth of 13' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 180' feet to 190' 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 587 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 AUG 25 2005
 BY: OLWR

08/25/2005 14:06 6014281435

A-1 DRILLING SERVICE

PAGE 03

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 #: E-
Elevation: _____

County: Perry
Permit #: _____
Driller: A-1 Drilling Serv.
Date completed: 8-9-05

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 Owner Name: <u>Joe Donnell</u> Mailing Address: <u>3 Belle Wood</u> <u>Hattiesburg Ms. 39402</u> City State Zip Code Telephone No. <u>(601) 271-8625</u>		Well Location Latitude: <u>N-31°17.155'</u> Longitude: <u>W-89°00.213'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 28 Twn 4N Rng 10 W</u> Distance Direction Nearest Town <u>5 Miles NW of New Augusta</u>	
---	--	---	--

Pump Type Circle one Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Plston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-09-05</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute			Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>160</u> feet Number of Stages: <u>12</u>		
--	--	--	--	--	--

Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>16</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours		Method of Measuring Water Level Circle one Air Line, <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
---	--	--	--

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Mike Baughman 587
Print Name of Pump Installer and License No. (if applicable)
[Signature]
Signature of Pump Installer

RECEIVED
AUG 25 2005
BY: OLWR