

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: K 54
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Simpson
 Permit #: NA
 Driller: A-1 Drilling Serv, Inc
 Date drilling completed: 10-26-10

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>GERALD BROWN BUILDERS, INC</u>	Latitude: <u>31° 52.55"</u> Longitude: <u>89° 49.50"</u>
Mailing Address: <u>120 LAKE FRONT DR.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MENDENHALL MS 39114</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>31</u> Twn <u>1N</u> Rng <u>5E</u>
Telephone No. <u>(601) 949-3903</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W/NW</u> of <u>Magee</u>

Well Data

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

Date well drilling started: 10-26-10 Date well drilling completed: 10-26-10

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 10-26-10

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

Hole depth: 142' Well depth: 140' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 122 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Slotted

Screen slot size: .008 inches Setting depth: From 120 feet to 140 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.

WILEOR T. BAUGHMAN 0410 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

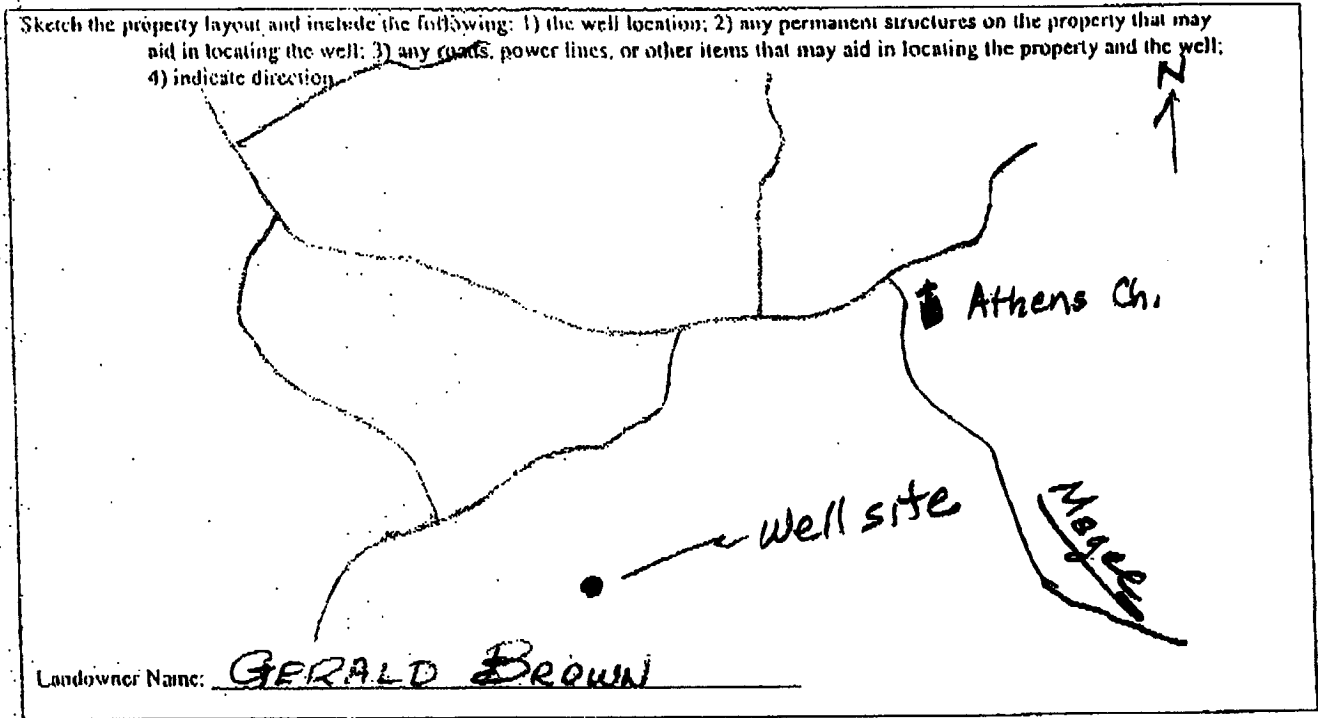
K54

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay, red	0	7
Sand & gravel	7	13
Clay, tan	13	28
Sand & gravel, clay breaks	28	62
Sand	62	140
Rock	140	140 1/2
Clay	140 1/2	

If more than one screen, show location of each on sketch



Walter C. Brown
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 #: _____
 Elevation: _____

County: SIMPSON
 Permit #: NA
 Driller: A-1 Drilling Serv, Inc
 Date completed: 10-27-10

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>GERALD BROWN BUILDERS INC</u>	Longitude: _____
Mailing Address: <u>120 LAKE FRONT DR.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MENDENHALL MS 39114</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 31 Twn 31 Rng 5E</u>
Telephone No. <u>(601) 849-3903</u>	Distance Direction Nearest Town <u>1.4 Miles W, NW of MAGEE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>5</u>
Date Pump Installed: <u>10-27-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-10</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>34</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>100 @ 0.5</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</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) Signature of Pump Installer